



**Submitted in accordance with IC 12-10-10-11,
IC 12-10-3-30, and IC 12-10-4-5.**

Statewide IN-Home Services

2000

Annual Report

July 1, 1999 - June 30, 2000

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Introduction

The Bureau of Aging and In-Home Services within the Indiana Family and Social Services Administration administers in-home services and community-based programs for older persons and persons with disabilities. This is accomplished through a statewide network of sixteen Area Agencies on Aging (AAA). The Area Agencies are the single point of entry for community-based long-term care services.

One such program is the Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE) Program. The CHOICE Program was established during the 1987 legislative session through House Enrolled Act (HEA) 1094 and began as a pilot program in Knox, Daviess, and Tippecanoe Counties in 1988. The program went through several expansions that resulted in services to all of Indiana's 92 counties in 1992. CHOICE continues to receive very positive reviews for providing consumer choice and a wide array of in-home services aimed at maintaining maximum independence.

The Need for In-Home, Community-Based and Protective Services

There are estimated to be 978,099 people in Indiana over age 60 according to the United States Census Bureau, and more than 240,000 of them experience some limitation in two or more "activities of daily living" such as bathing, dressing, or walking. Additionally, there are 136,000 Hoosiers below age 60 who also experience some limitation in these activities. (*Projecting the Need for Community-Based, Long-Term Care and Other Supportive Services in Indiana, 1998*)

The Indiana Family and Social Services Administration recognizes that the older persons and persons with disabilities prefer to maintain their independence and privacy as long as possible.

The In-Home Services and Community-Based Programs of the Bureau of Aging and In-Home Services provide high quality, cost effective, and accessible services to meet the growing needs for Indiana citizens. The program goals include:

- Allowing older persons and persons with disabilities of all ages the option to live independently in their own homes.
- Providing an array of services aimed at preventing premature or inappropriate institutionalization.
- Consolidating/coordinating services.
- Enabling AAAs to serve as gatekeepers and service brokers.
- Accessing services from all available sources.
- Improving the quality of life of families and children with an emphasis on seniors and persons with disabilities.

Demographic trends also support the need for statewide in-home, community-based, and protective services. According to the U.S. Department of Health and Human Services, 76 million Americans will retire in the first half of this decade. This represents one of the most important social policy challenges facing the country for the next three decades.

The IN-Home Services Program offers viable options to meet the growing demand.

Continuum of Care - Services Along the Way

The Bureau of Aging and In-Home Services, through the AAA network, provides services that are integrated and coordinated. This is accomplished by service delivery planning that looks at a continuum of human needs from complete independence through increasing degrees of dependency.

In-Home and Community Based Programs

The Family and Social Services Administration (FSSA) implemented the Statewide IN-Home Services Program in July 1992. The Area Agency on Aging (AAA) case management system provides the “single point of entry” into this program. This makes services accessible for individuals and families through a coordinated and integrated approach.

In-home services include home health services, homemaker, attendant care, respite care, adult day care, transportation, home delivered meals, habilitation, therapies and other appropriate services such as minor home modifications and adaptive aids. The program brings together funding from the Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE) Program, Title III of the Older Americans Act, the Social Services Block Grant, the Older Hoosiers Account, five Home and Community-Based Medicaid Waivers, the United States Department of Agriculture Meals Program, and local and private funds.

In addition to in-home services, the Bureau of Aging and In-Home Services coordinates an additional range of community-based and protective services including congregate meals, information and referral, legal services, ombudsman, preventive health services, adult protective services, adult guardianship, senior employment, pre-admission screening and annual resident review, Room and Board Assistance (RBA) and Assistance to Residents in County Homes (ARCH) programs, money management and representative payee programs.

The IN-Home Services Program, the Community-Based Programs, and Protective Programs continue to serve as models for service delivery in the provision of a comprehensive, coordinated,

and integrated alternative to institutionalization. Indiana’s program is especially appealing because of its innovative approach to serving older adults and persons with disabilities with a single point of entry, its cost share provision, and its focus on the entire family.

In 1998, the National Governor’s Association recognized Indiana for its interagency collaboration and innovations in preparing for the aging baby boomers. Two strengths of Indiana’s approach cited were “the authority given to care managers to blend funds for home care and the decentralization of power across Indiana’s sixteen Area Agencies on Aging”. (*Transitions: States Prepare for the Aging of America: Jeanette M. Herick, Ph.D., 1997*)

CHOICE

To be eligible for CHOICE Program services, an individual must be a resident of Indiana, age 60 years of age or older, or of any age with disabilities and unable to perform two or more activities of daily living as determined by an assessment using the Long Term Care Services Eligibility Screen.

The CHOICE Program served 12,338 persons in State Fiscal Year (SFY) 2000. Information concerning persons served through the CHOICE Program is shown in the charts on pages 8 and 9.

Medicaid Waivers

Medicaid Waivers allow Indiana to provide a variety of in-home and community-based services to individuals who would otherwise require the level of care provided in an institutional setting. The five Medicaid Waivers are:

- The Aged and Disabled Waiver serves individuals who meet the Medicaid guidelines and are either 65 years of age or have disabilities. Individuals

served by this waiver must meet level of care standards of a skilled or intermediate nursing facility.

- The Autism Waiver serves individuals with a diagnosis of autism who meet an intermediate care facility for mental retardation (ICF/MR) level of care.
- The ICF/MR Waiver serves individuals with developmental disabilities/mental retardation and other related conditions who meet intermediate care facility for mental retardation (ICF/MR) level of care.
- The Medically Fragile Children's Waiver serves children under 18 years of age who are in need of significant medical services, including those who

are technologically dependent. Recipients of these services meet either skilled nursing facility level of care or hospital level of care.

- The Traumatic Brain Injury Waiver serves persons who have suffered injuries to the brain including closed or open head injuries. Services under this waiver began January 1, 2000.

These five Medicaid Waivers served a combined total of 4,904 individuals in State Fiscal Year (SFY) 2000. Information concerning persons served through these Waivers is shown in the following charts.

In-Home vs. Institutional Cost

Average CHOICE Cost Compared to
Medicaid Nursing Facility Case Mix Average Rate

	Average CHOICE Cost			Nursing Facility Case Mix Average Rate
DAILY	Elderly	Disabled	Total*	
State Share	\$24.52	\$22.42	\$25.10	\$36.54
Federal Share	-0-	-0-	-0-	\$59.53
TOTAL	\$24.52	\$22.42	\$25.10	\$96.07
MONTHLY				
State Share	\$745.90	\$833.98	\$763.51	\$1,111.29
Federal Share	-0-	-0-	-0-	\$1,810.84
TOTAL	\$745.90	\$833.98	\$763.51	\$2,922.13
ANNUALLY				
State Share	\$8,950.80	\$10,007.76	\$9,162.12	\$13,335.43
Federal Share	-0-	-0-	-0-	\$21,730.12
TOTAL	\$8,950.80	\$10,007.76	\$9,162.12	\$35,065.55

Average Cost Per Month Per Medicaid Waiver

Aged and Disabled Waiver	Autism Waiver	Medically Fragile Children's Waiver	ICF/MR Waiver	TBI Waiver
\$813.28	\$2,339.39	\$1,060.70	\$3,896.96	N/A

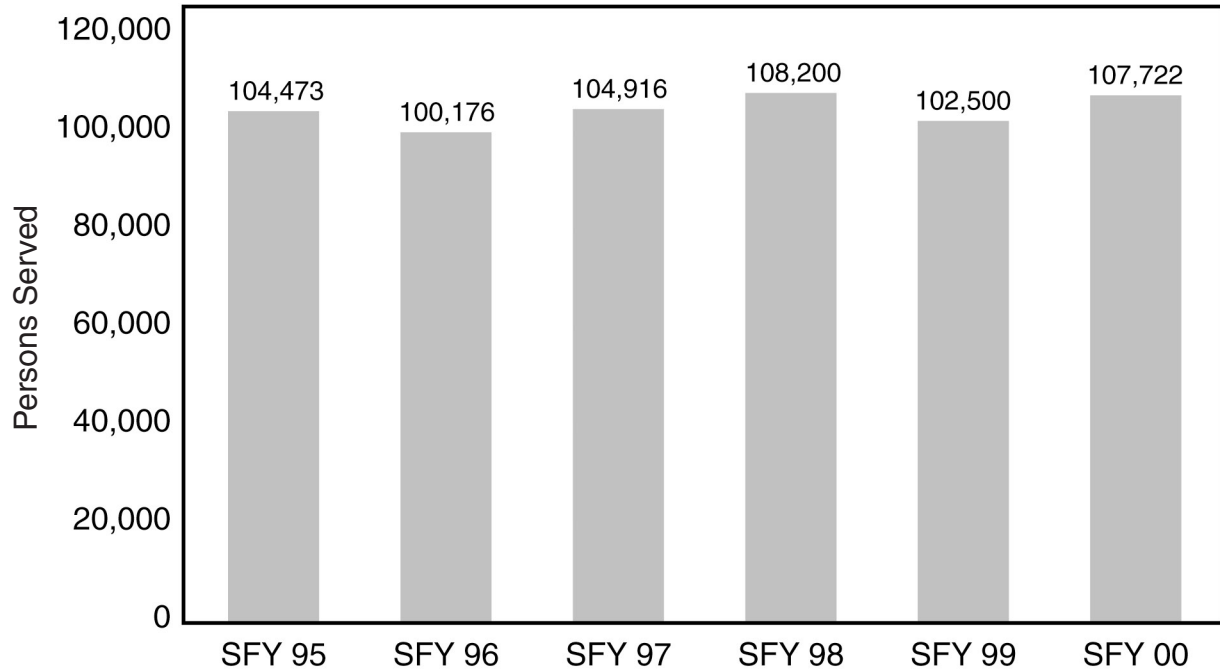
*Total is a weighted average based on percentage of all elderly and disabled recipients and length of service.

The State share of the total Medicaid cost is 38.45%. Federal funding provides the remainder.

The TBI Waiver began providing services in March, 2000. Data from the time between 3/1/00 and 6/30/00 is insufficient for a meaningful comparison of costs.

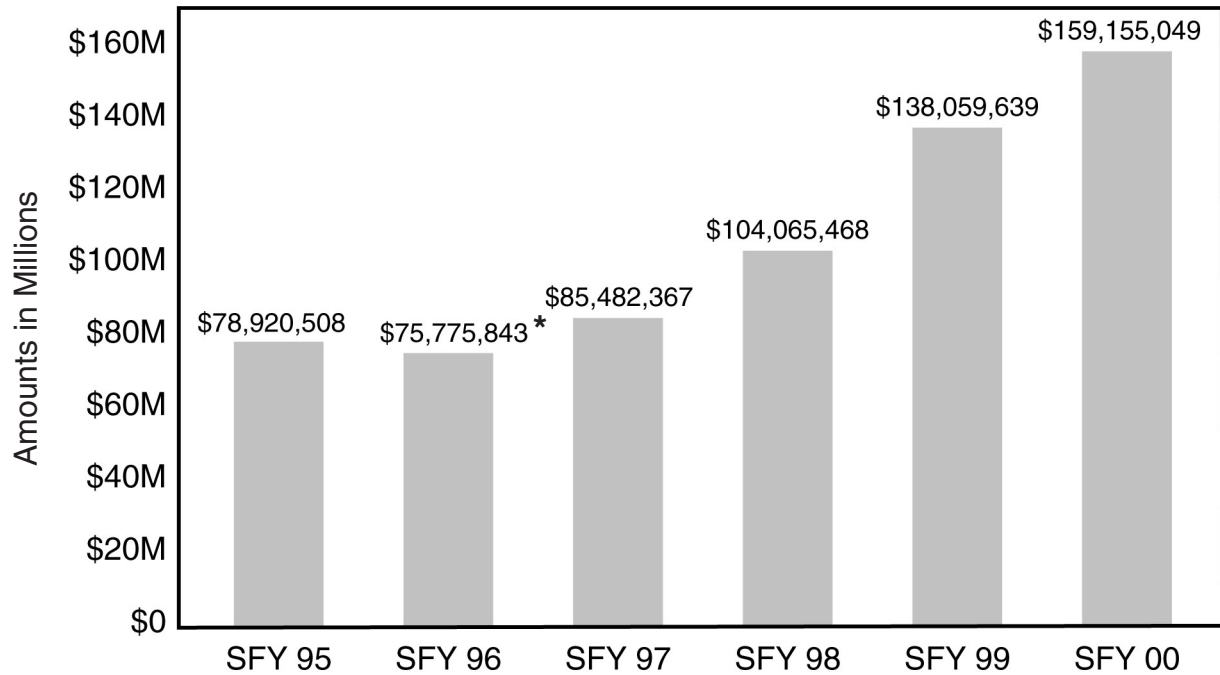
IN-Home Services Summary Charts

Total Persons Served*



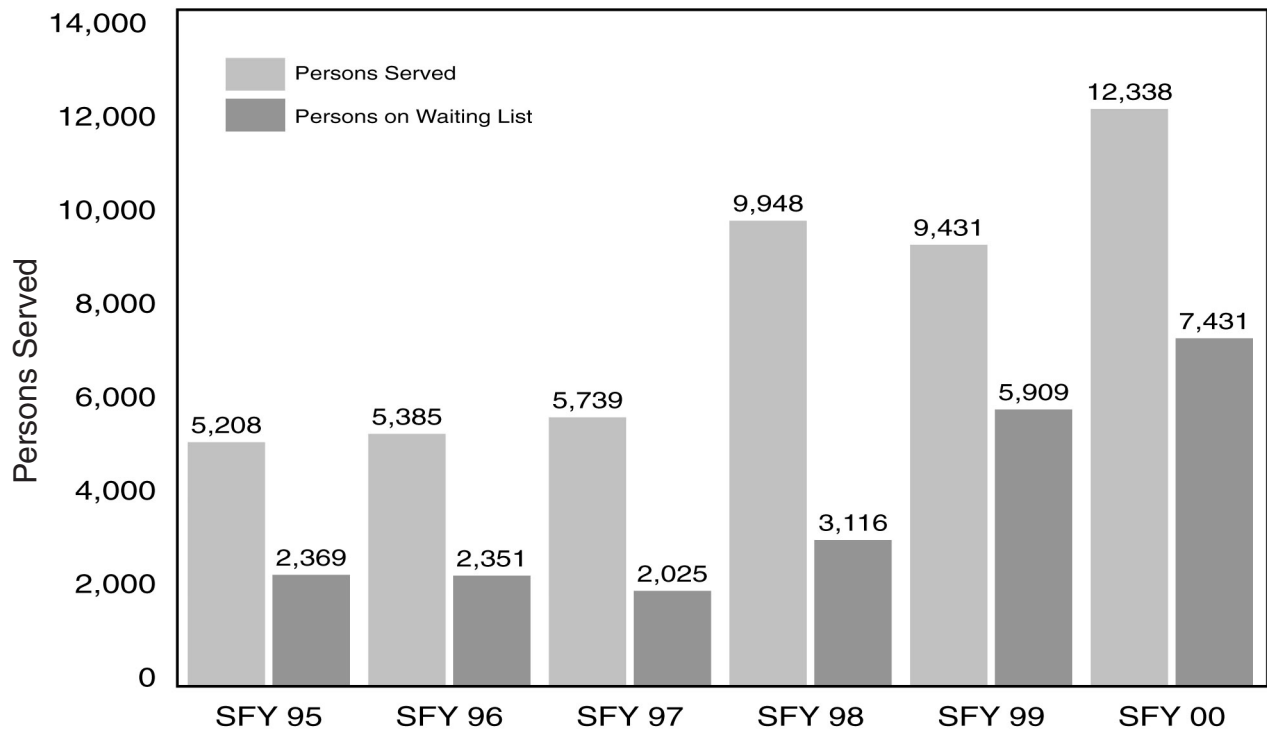
*Includes CHOICE, SSBG, Title III, Medicaid Waivers

Total Expenditures

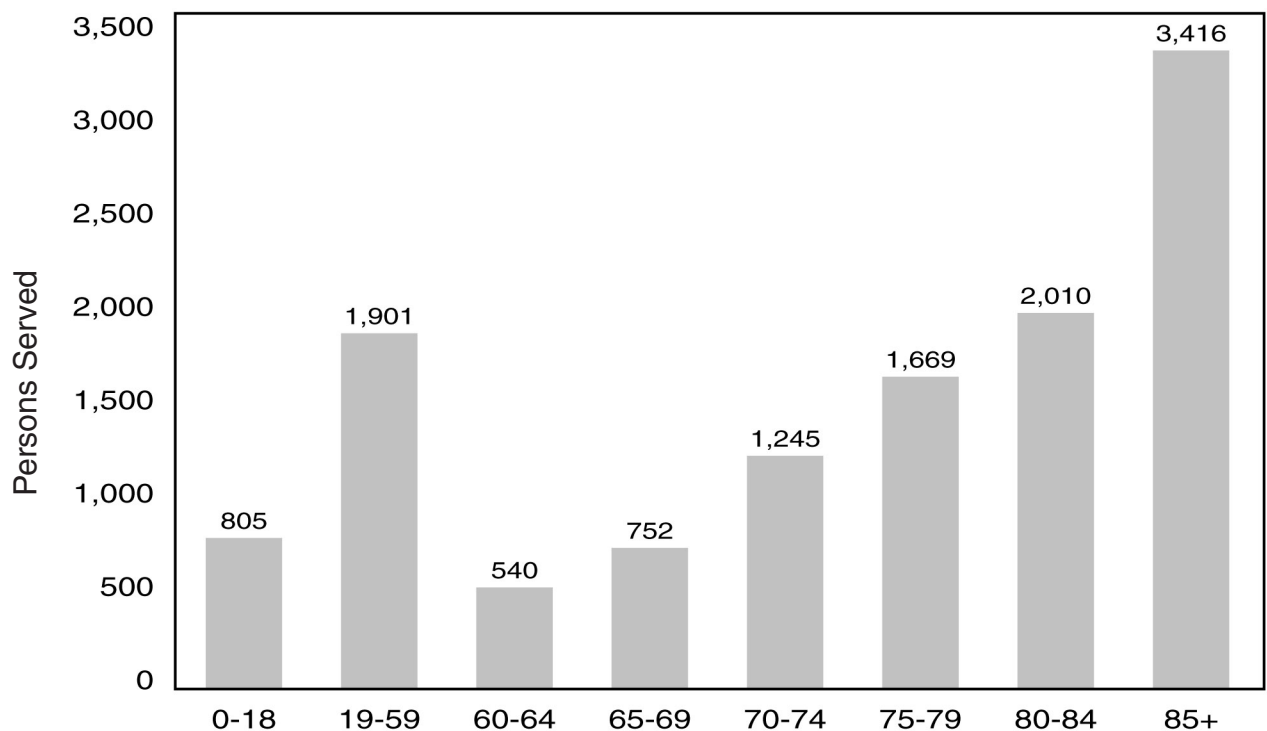


*SFY 96 reflects reductions in expenditures for CHOICE (grandfathered), SSBG, Title III, USDA and local funds

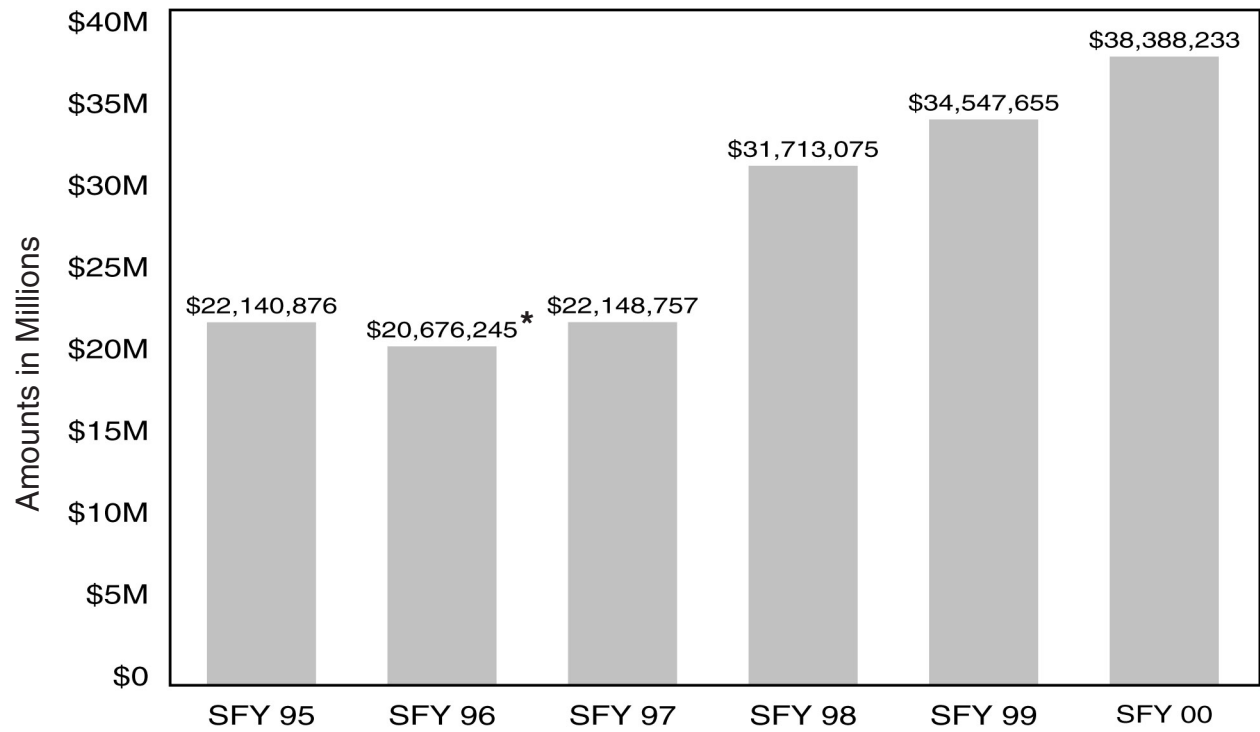
Persons Served by Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE) vs. Persons on Waiting List



Ages of Persons Served by CHOICE in SFY 00

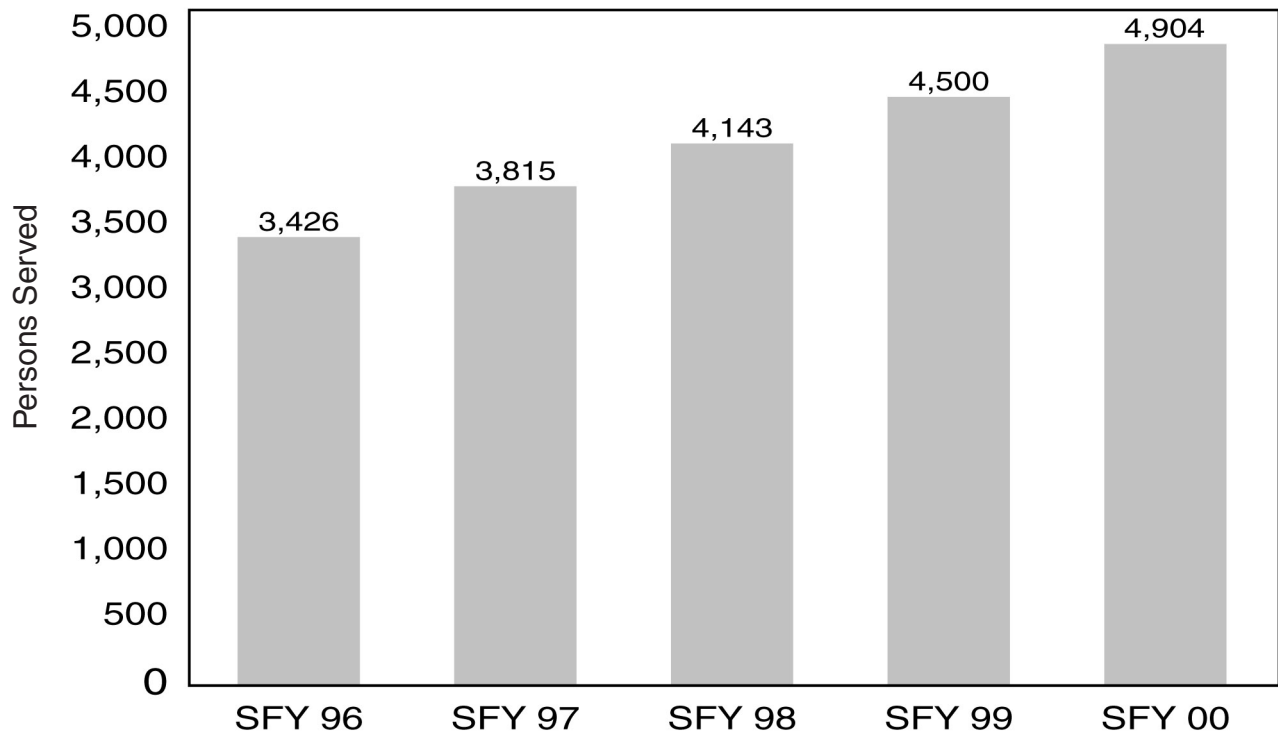


CHOICE- Trend of Annual Expenditures

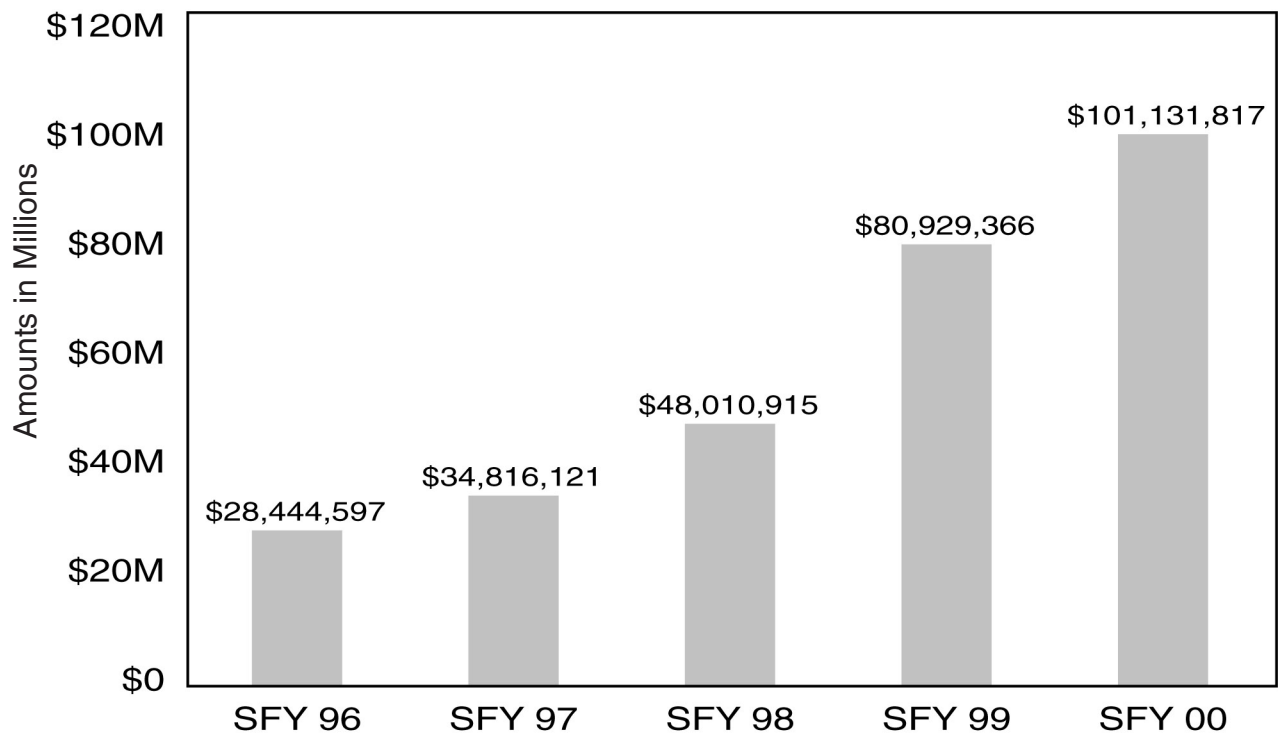


*Reduction reflects decrease in grandfathered CHOICE clients being greater than increase in regular CHOICE.

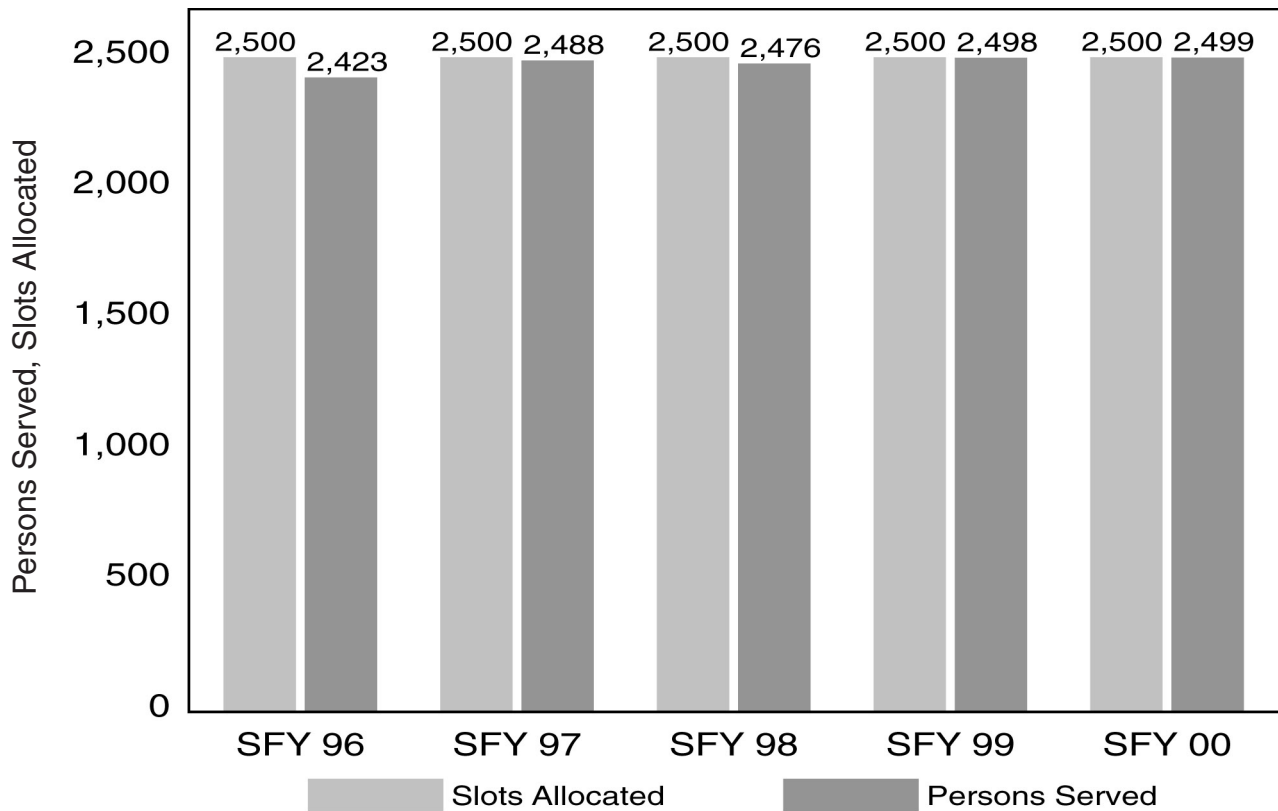
Combined Home and Community-Based Waivers Persons Served Per Year



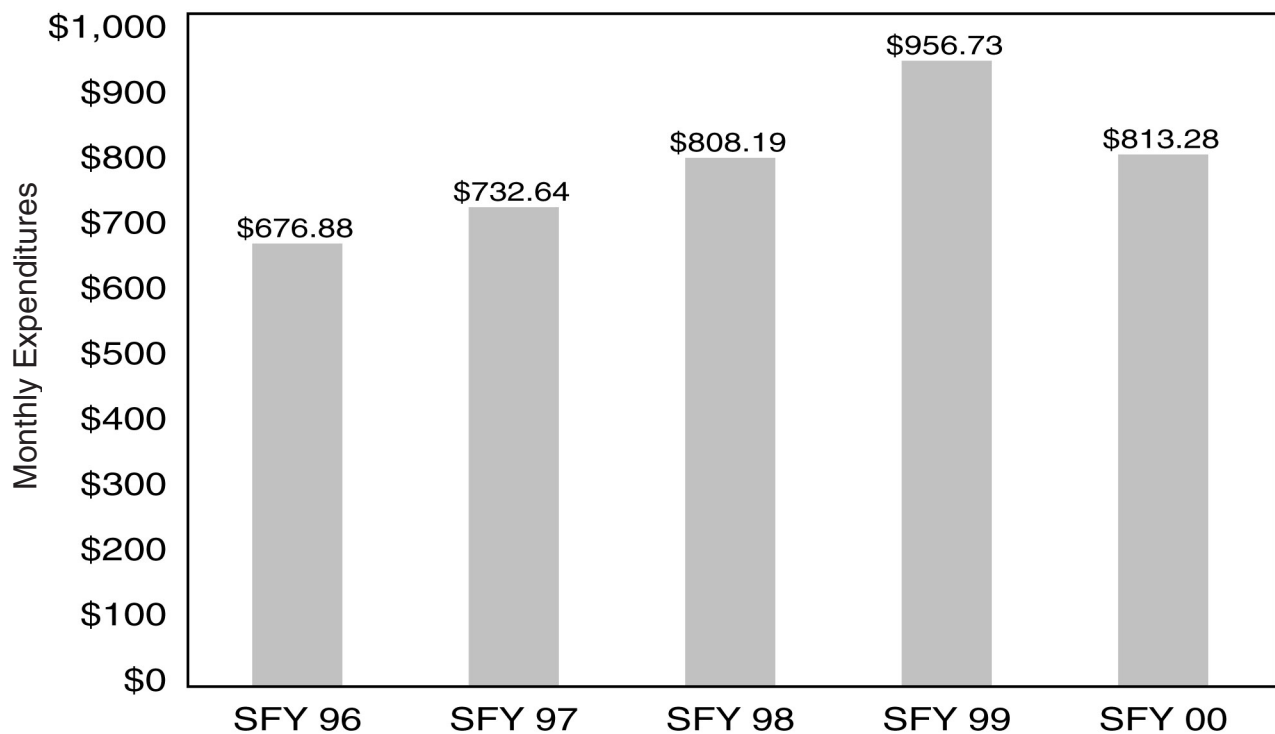
Combined Home and Community-Based Waivers Trend of Annual Expenditures



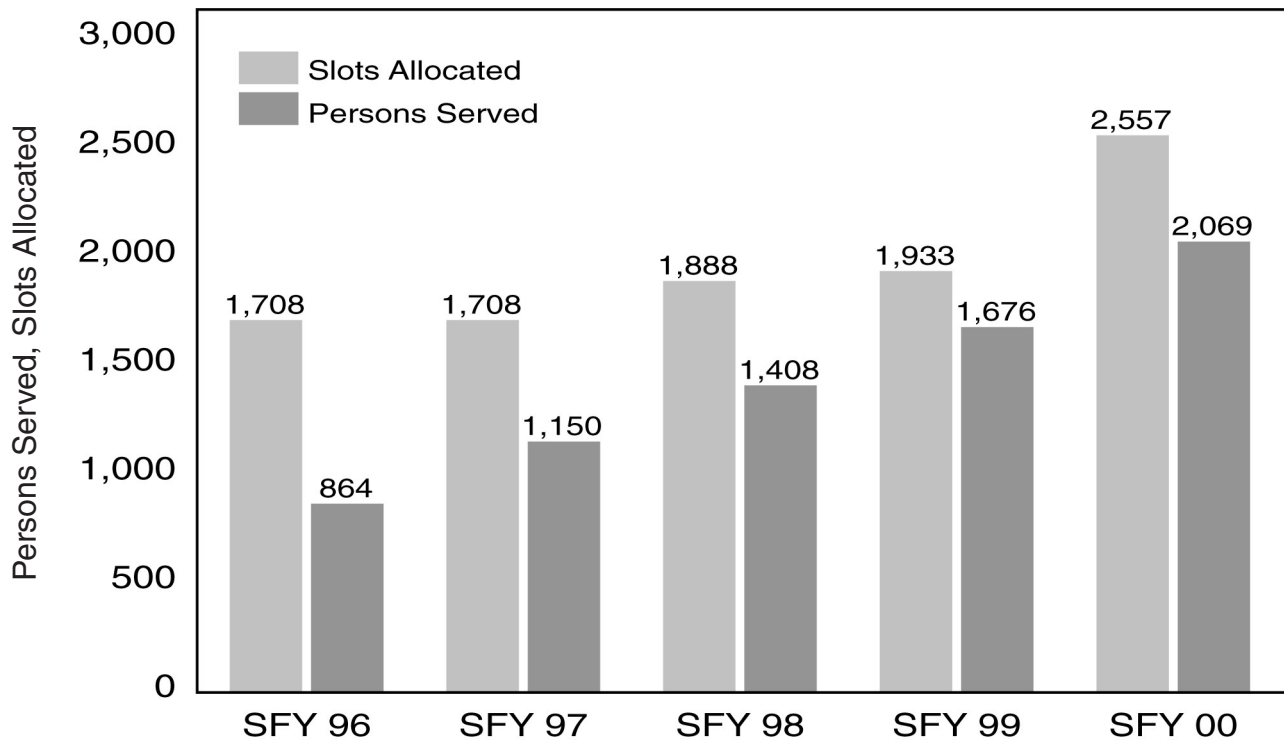
Aged and Disabled Home and Community-Based Medicaid Waiver Persons Served and Slots Allocated (1996-2000)



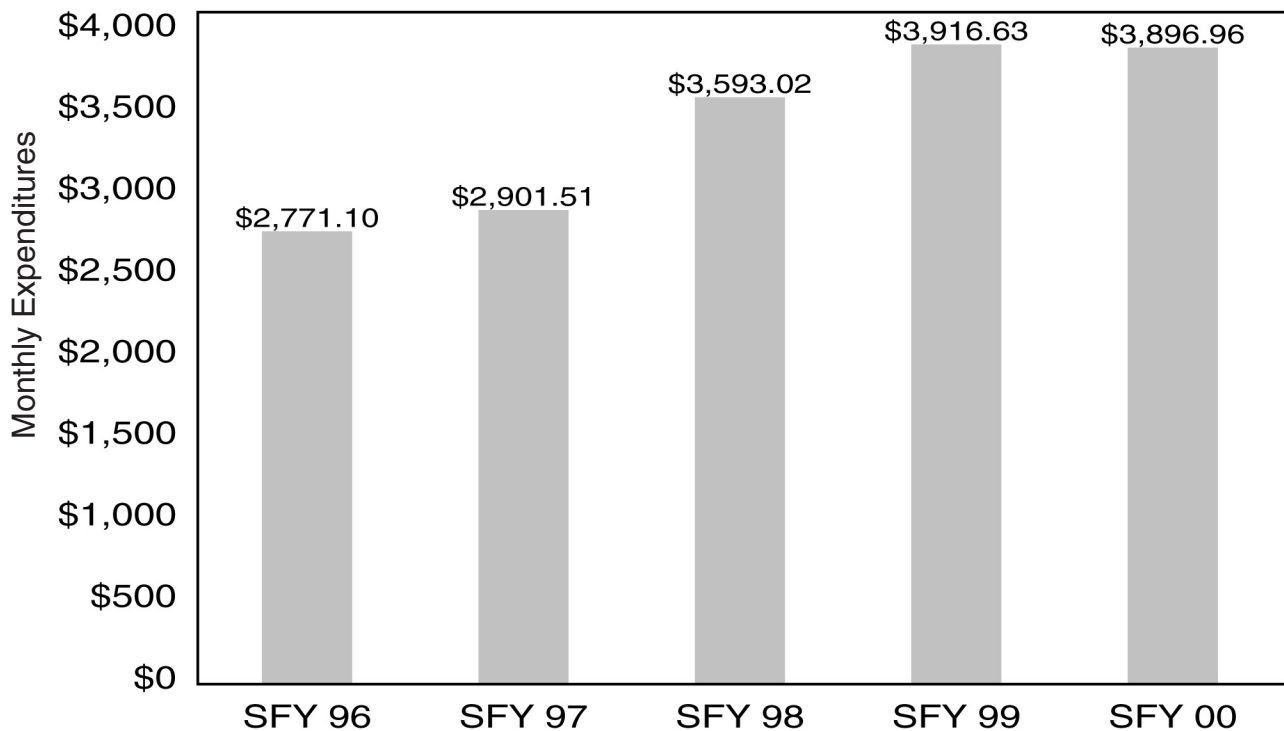
Aged and Disabled Home and Community-Based Medicaid Waiver Per Person Average Monthly Expenditures (1996-2000)



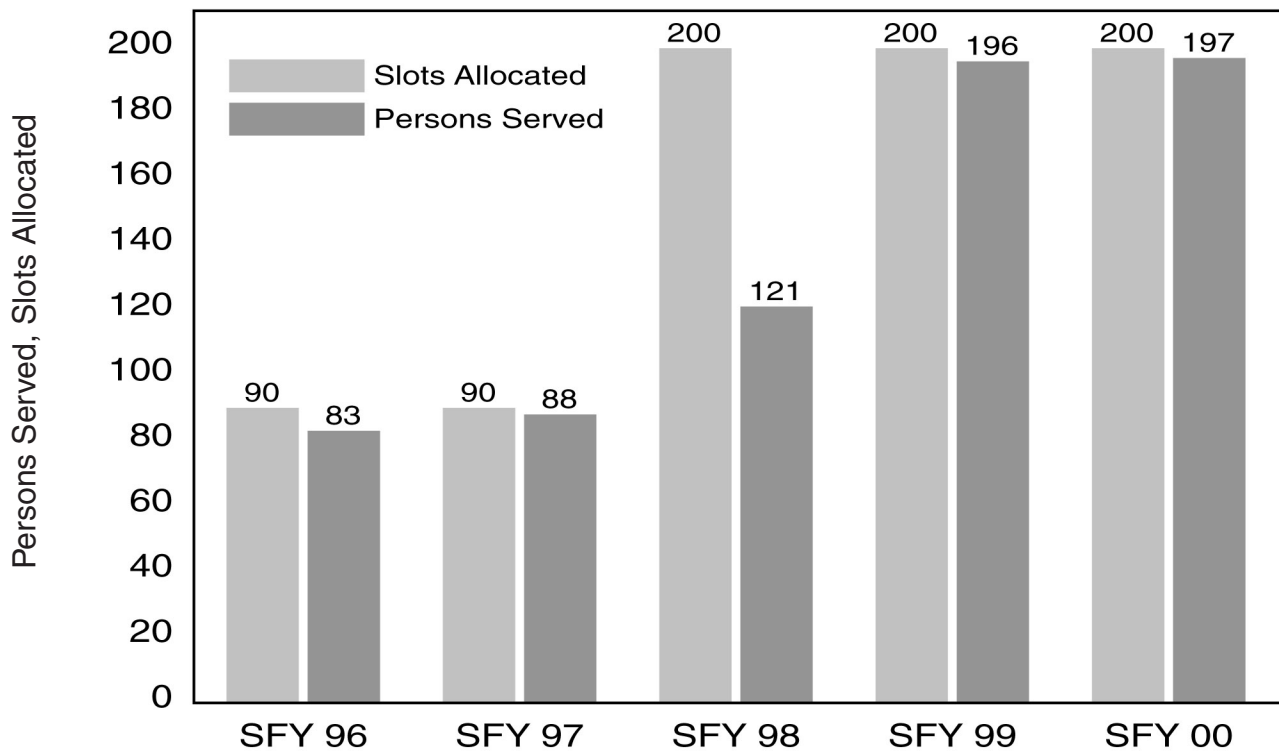
ICF/MR Home and Community-Based Medicaid Waiver Persons Served and Slots Allocated (1996-2000)



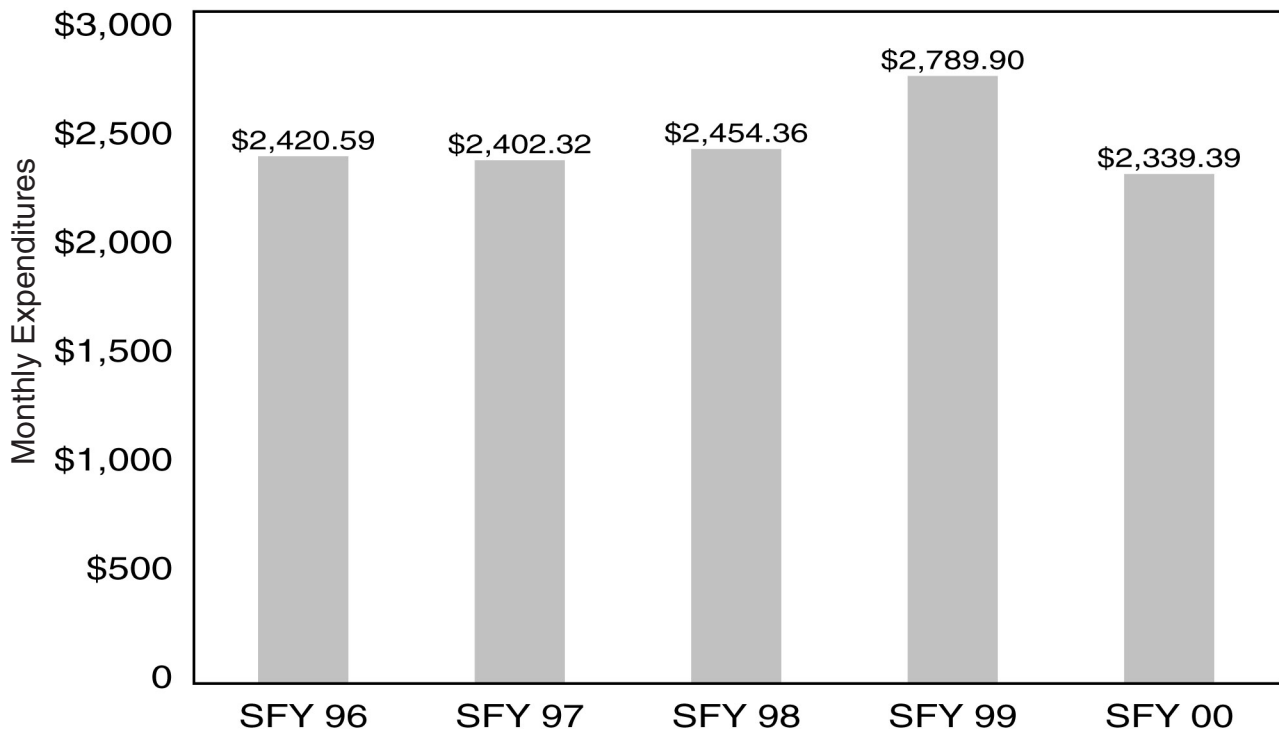
ICF/MR Home and Community-Based Medicaid Waiver Per Person Average Monthly Expenditures (1996-2000)



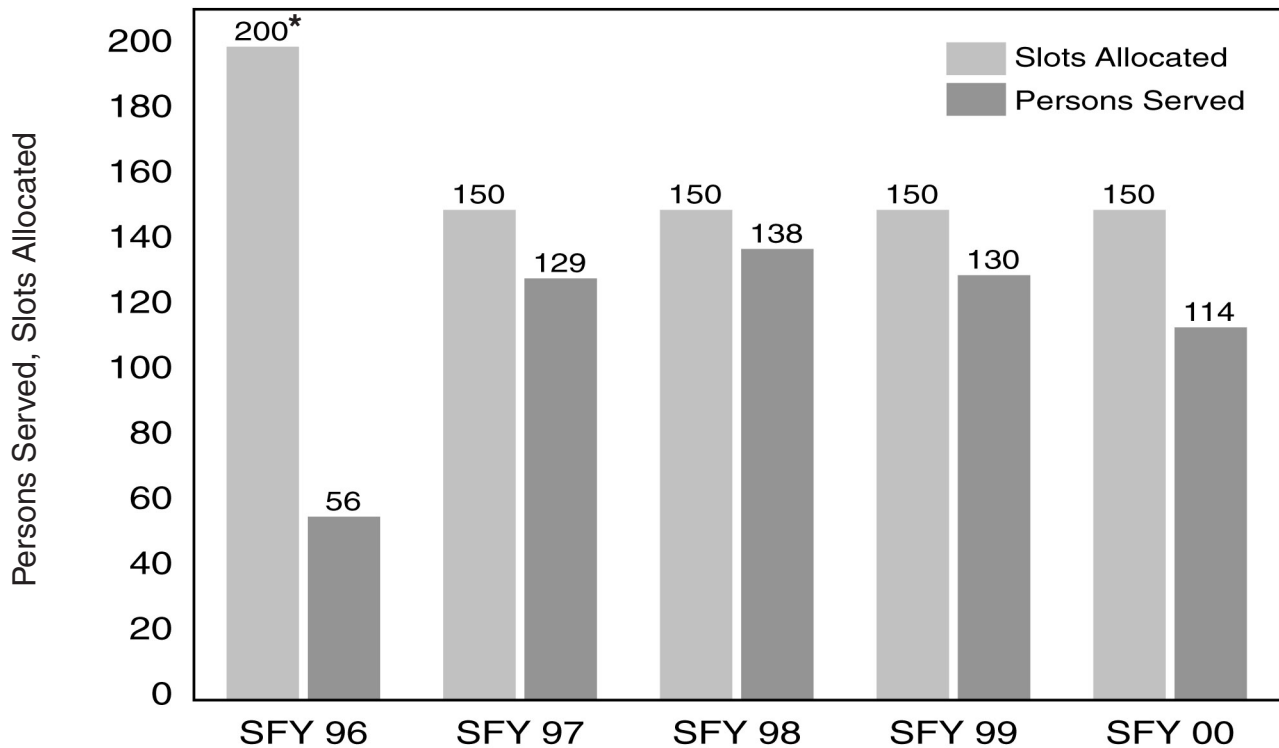
Autism Home and Community-Based Medicaid Waiver Persons Served and Slots Allocated (1996-2000)



Autism Home and Community-Based Medicaid Waiver Per Person Average Monthly Expenditures (1996-2000)

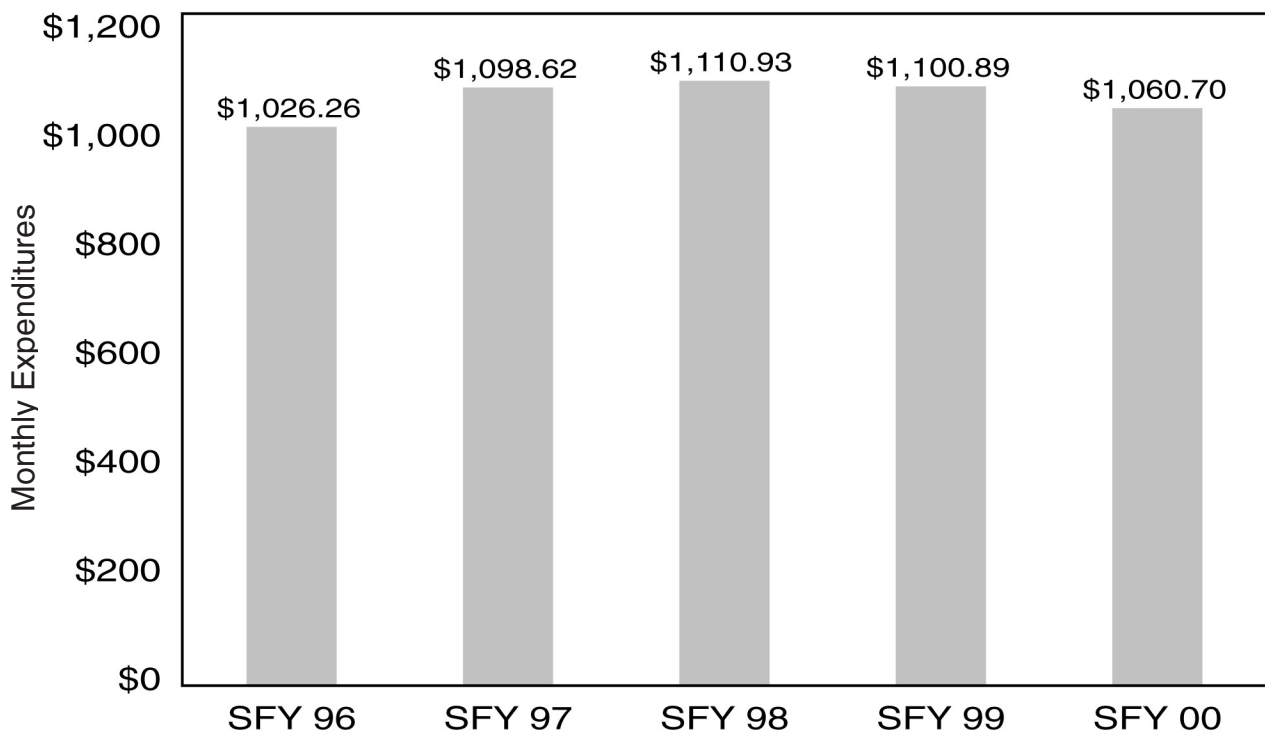


Medically Fragile Children's Home and Community-Based Medicaid Waiver Persons Served and Slots Allocated (1996-2000)

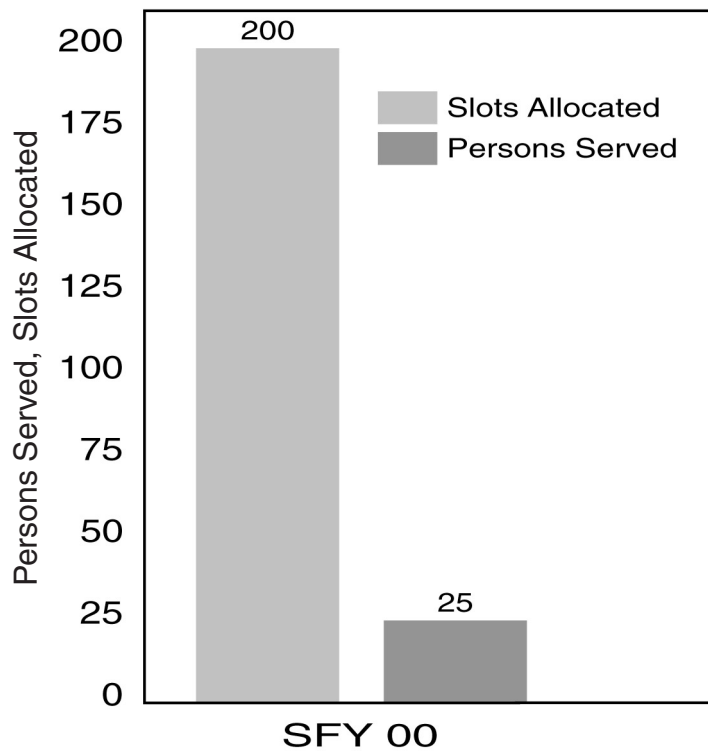


*Approval obtained in April 1996 to serve this number.

Medically Fragile Children's Home and Community-Based Medicaid Waiver Per Person Average Monthly Expenditures (1996-2000)



Traumatic Brain Injury Home and Community-Based Medicaid Waiver Persons Served and Slots Allocated (1996-2000)



The Traumatic Brain Injury Home and Community-Based Waiver began services in March 2000. Data from March through the end of June is not sufficient to determine a meaningful average monthly expenditure per person.

Adult Guardianship Services

History

State law established the Adult Guardianship Services Program (AGS) in 1988. In the fall of 1990, services were provided to residents of Madison State Hospital and Ft. Wayne State Developmental Center. In 1994, services were expanded to eligible residents of the State Developmental Centers at New Castle and Muscatatuck, and to former residents of Central State Hospital who moved to community settings.

Purpose

The AGS program was established to provide full guardianships, limited guardianships and less restrictive alternative services to indigent, incapacitated adults who are unable to care for themselves and/or manage their own affairs without assistance, or who have a developmental disability as defined by IC 12-10-7. Related to this program is the Money Management Program, which provides for a representative payee to handle an individual's federal benefits and to provide assistance with budgeting and financial matters.

Outcome

The desired outcome is to provide residents and former residents of State Developmental Centers and former residents of Central State Hospital, and others who are eligible with guardianships or less restrictive alternative services.

Accomplishments

The AGS Program served 284 individuals in SFY 2000. The clients of the program have a physical disability, a mental impairment, or both.

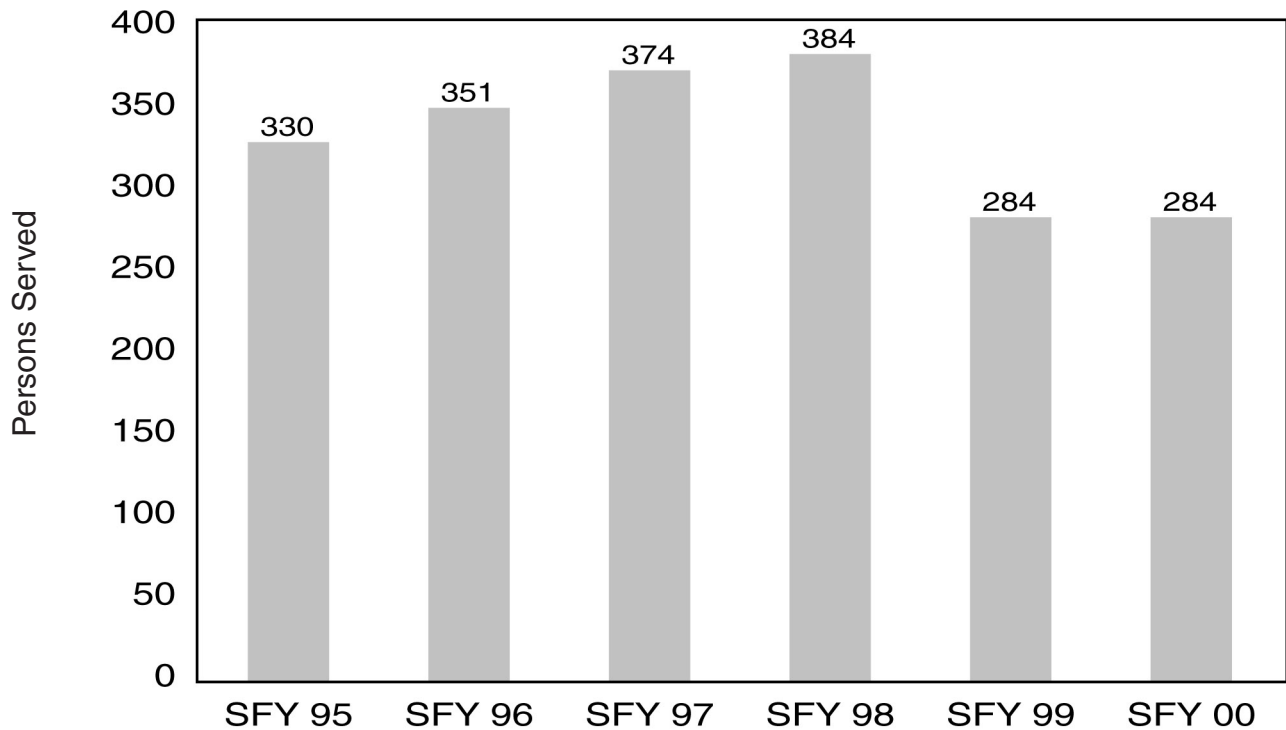
Funding

The program expended \$390,376 of state funds in SFY 2000.

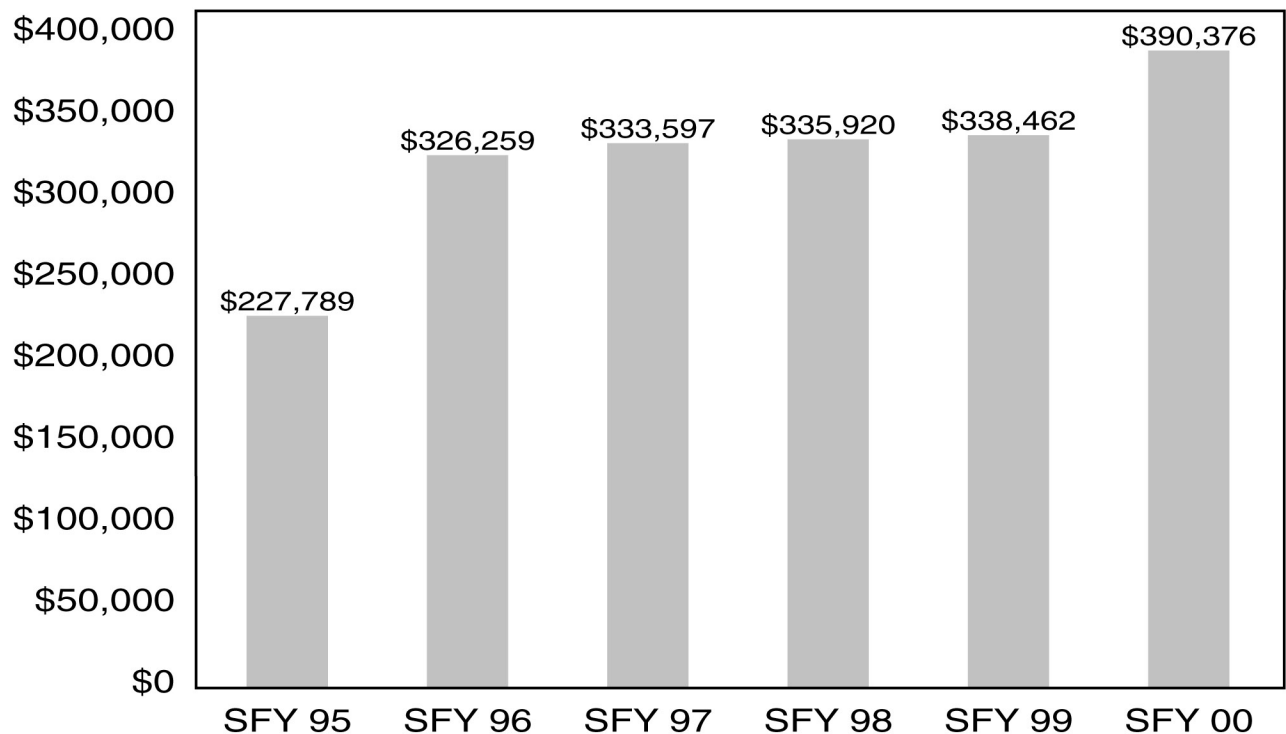
Eligibility

The eligibility criteria for services through the AGS Program are that an individual must be at least 18 years of age, a current resident in a state operated facility, or a former resident of such institutions who has moved into a community setting, and is indigent. The individual must be incapacitated, have no appropriate person to serve as guardian, and have a demonstrated inability to obtain privately provided guardianship services.

Adult Guardianship Services Program Persons Served Per Year



Adult Guardianship Services Program Trend of Annual Expenditures



Adult Protective Services

History

The Adult Protective Services (APS) program was established in 1985. Historically, reported cases of suspected adult endangerment have increased approximately 10% each year.

Purpose

The purpose of this program (IC 12-10-3) is to provide protection to adults who are endangered by abuse, neglect, or exploitation. The law defines “endangered adults” as individuals at least 18 years of age, incapable of caring for themselves, and being abused, neglected or exploited.

Outcome

The desired outcome is to investigate and resolve reports of suspected adult endangerment. When the report is confirmed, APS strives to provide the least restrictive form of intervention necessary to relieve the endangerment.

Accomplishments

In SFY 2000, a total of 12,364 reports of abuse, neglect or exploitation were investigated by APS. Intervention ranged from referral to a social service agency to court ordered protection of endangered citizens. A 24-hour hotline is maintained to serve as a clearinghouse for reports. A series of on-going in-service trainings was provided to the investigators.

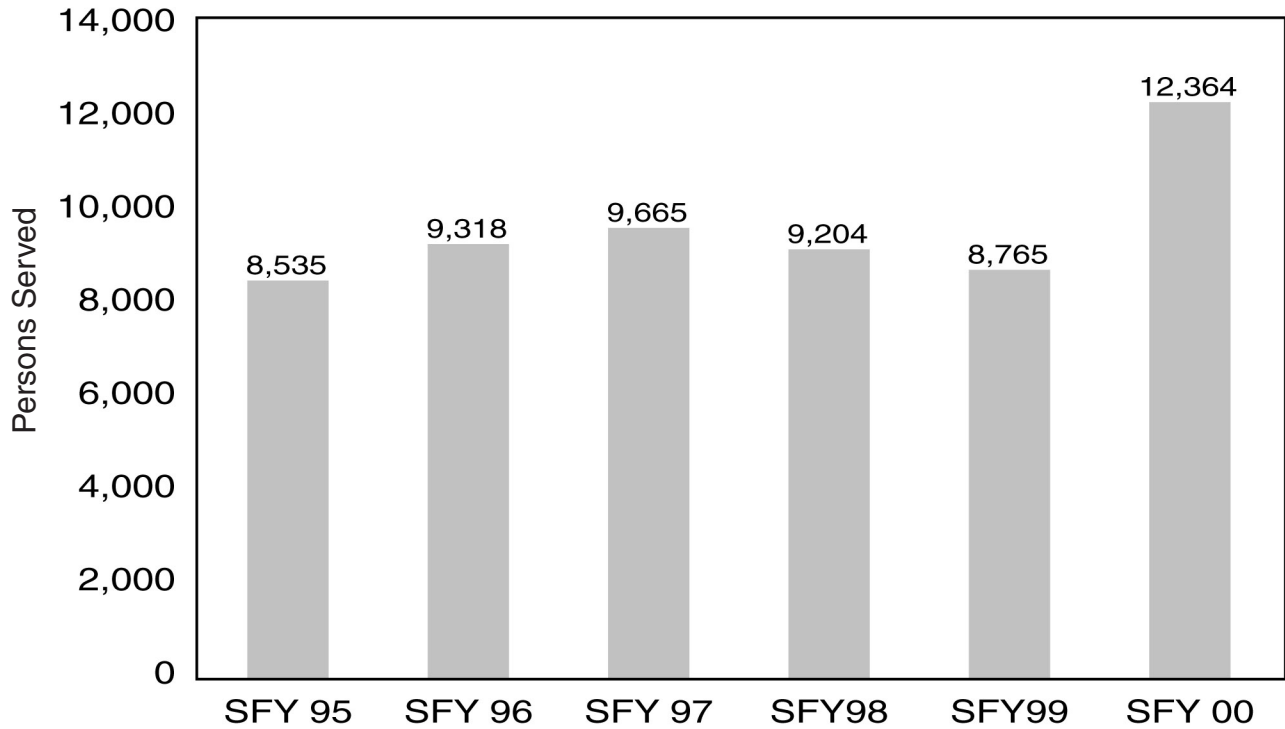
Funding

The program expended \$856,224 in total funds in SFY 2000, of which \$758,000 were state funds and \$98,224 were federal funds.

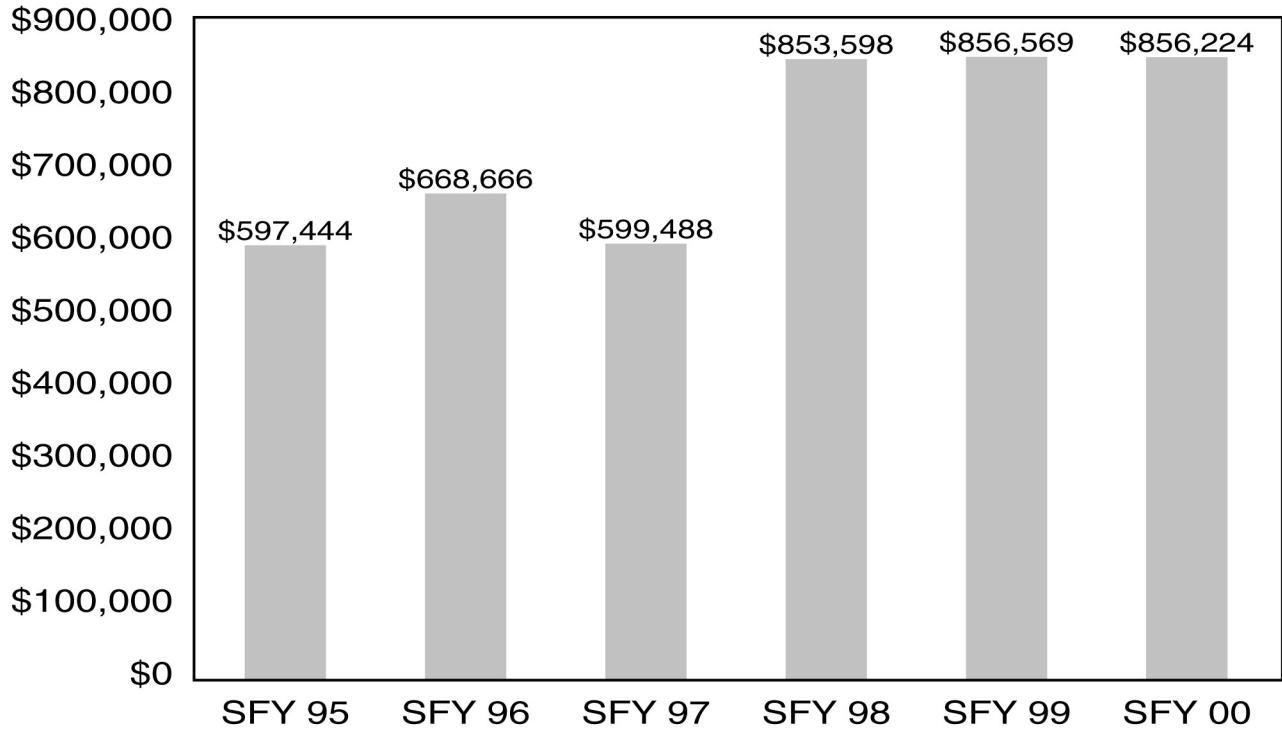
Eligibility

The eligibility criteria are for the individual to be a resident of the state of Indiana, 18 years of age or older, either physically or mentally incapacitated and reported as abused, neglected or exploited.

Adult Protective Services Persons Served Per Year



Adult Protective Services Trend of Annual Expenditures



Governor's Task Force on Alzheimer's Disease and Related Senile Dementia

History

The Indiana Governor's Task Force on Alzheimer's Disease and Related Senile Dementia was created in 1987 under IC 12-10-5.

Purpose

As outlined in IC 12-10-5, the Task Force is to assist the Division of Disability, Aging, and Rehabilitative Services by identifying areas of concern to be addressed, recommending services to meet the needs, recommending the development of training materials, and compiling available research. In carrying out this role, the Task Force reviews annual grant proposals and makes recommendation to the Division of Disability, Aging, and Rehabilitative Services for funding.

Outcome

Ten grants were awarded during SFY 2000 to meet the needs of individuals with Alzheimer's Disease or Related Senile Dementia, and their families. Specific results of each grant are summarized in Appendix B.

Accomplishments

Grantee summaries in Appendix B provide specific information about the accomplishments of each of the ten grants awarded through these funds.

Funding

Program expenditures for SFY 2000 were \$84,493.

Clients Served

The Task Force funds programs to benefit individuals and caregivers facing Alzheimer's Disease and Related Senile Dementia throughout Indiana.

Indiana Pre-Admission Screening

History

The Pre-Admission Screening Program (PAS) was enacted by the Indiana General Assembly on April 30, 1983. The PAS program monitors nursing facility admissions to assure that all placements are appropriate.

Purpose

The primary purpose of PAS as outlined in IC 12-10-12 is to assure that alternatives such as in-home and community services are explored. Individuals are helped to remain in their homes by finding and making available the services required to avoid or delay facility placement.

Outcome

Each person considering placement in a nursing facility must be notified of PAS requirements and the Medicaid penalty for non-participation.

Accomplishments

The PAS program has increased availability of in-home and community services, providing individuals with the information and services necessary to be able to remain in their homes. PAS conducted 40,866 screenings in SFY 2000.

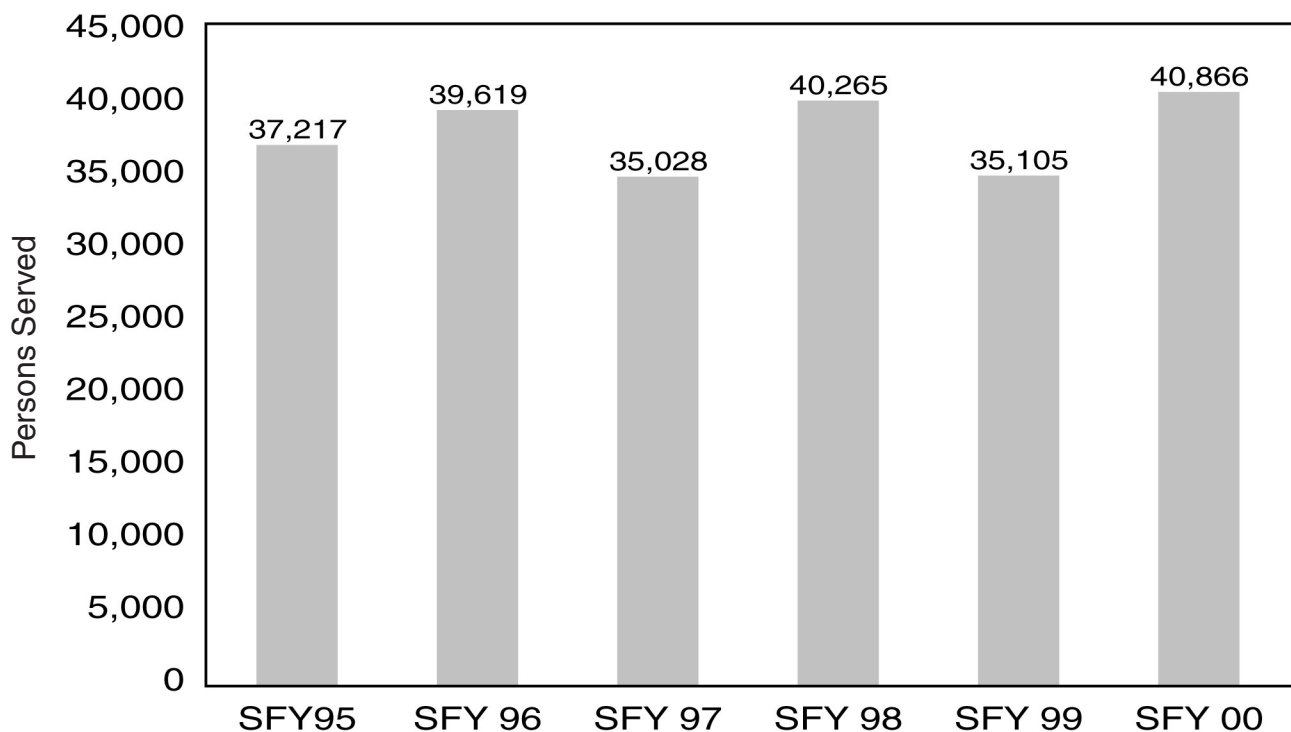
Funding

The Area Agencies on Aging are reimbursed for PAS through the Office of Medicaid Policy and Planning. Total cost for SFY 2000 was \$2,358,858.

Clients Served

Individuals applying for admission to a long-term care facility.

Persons Served Per Year



Omnibus Reconciliation Act Pre-Admission Screening/Resident Review (PAS/RR)

History

The Pre-Admission Screening/Resident Review (PAS/RR) program was enacted into federal law in 1987. In 1989, the PAS/RR program was implemented in Indiana.

Purpose

The purpose of the PAS/RR program is to assure under 42 U.S.C. 1396r and IC 12-10-12 that applicants to or residents of Medicaid certified nursing facilities, who have a major mental illness or a developmental disability/medical condition, have their needs properly met.

Outcome

The desired outcome is that individuals are appropriately placed in nursing facilities and that

the placement continues to be appropriate as the individual's needs change.

Accomplishments

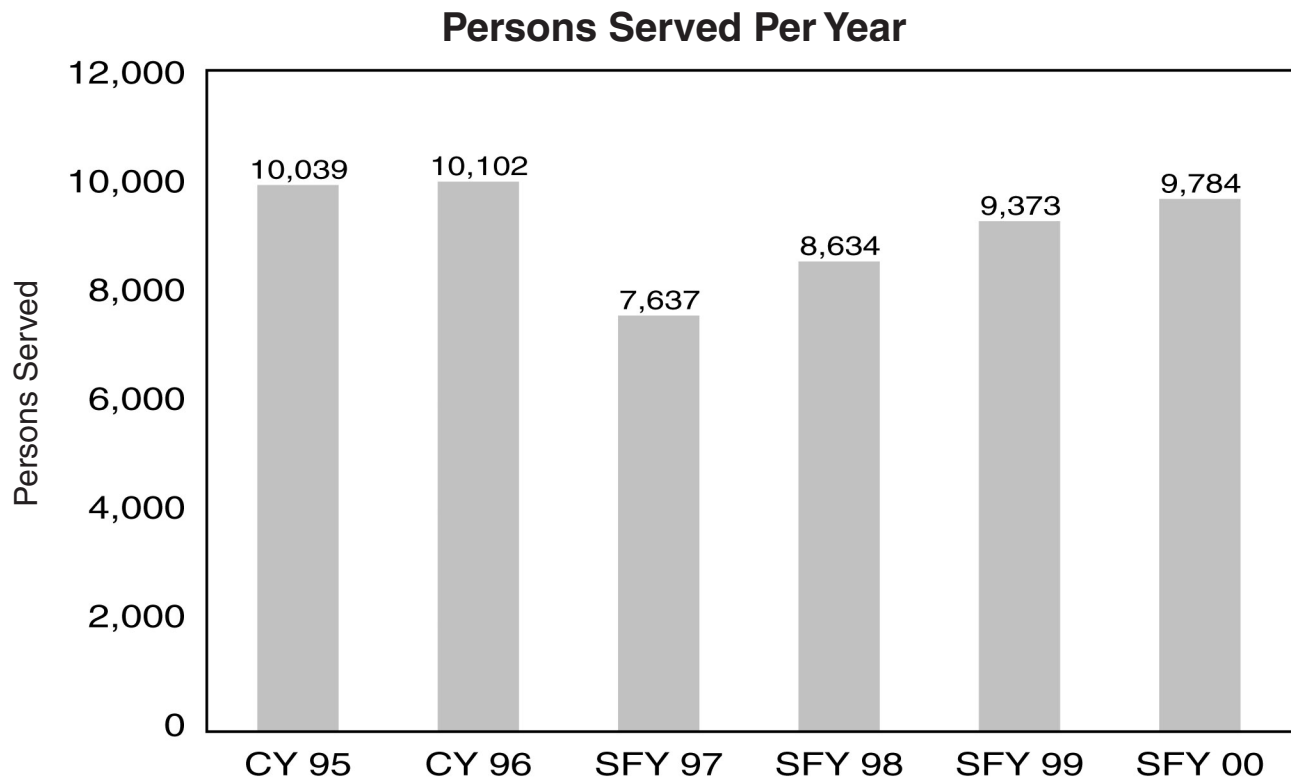
The PAS/RR program served a total of 9,784 persons in SFY 2000.

Funding

Administrative expenditure for SFY 2000 was \$286,304 (\$214,728 federal; \$71,576 state).

Clients Served

Residents of nursing facilities who have a mental illness or developmental disability.



Long Term Care Ombudsman Program

History

The Long Term Care Ombudsman Program is authorized under Title VII of the Older Americans Act of 1965 as amended. The program provides protection and advocacy for the rights of residents of nursing facilities.

Purpose

The purpose of the program is to provide advocacy services to residents of licensed long term care facilities. Services include: (1) investigation and resolution of complaints made by or on behalf of residents; (2) education/training of facility staff, residents, family members, community groups, and others; (3) information and referral services and (4) system advocacy to improve quality of life and care for all residents.

Outcome

The desired outcomes are: (1) complaints and concerns are promptly investigated and resolved to the satisfaction of the resident; (2) systemic

problems negatively impacting residents are resolved and (3) consumers are informed and empowered to resolve problems on their own.

Accomplishments

In FFY 2000, the Long Term Care Ombudsman Program investigated 1,499 complaints.

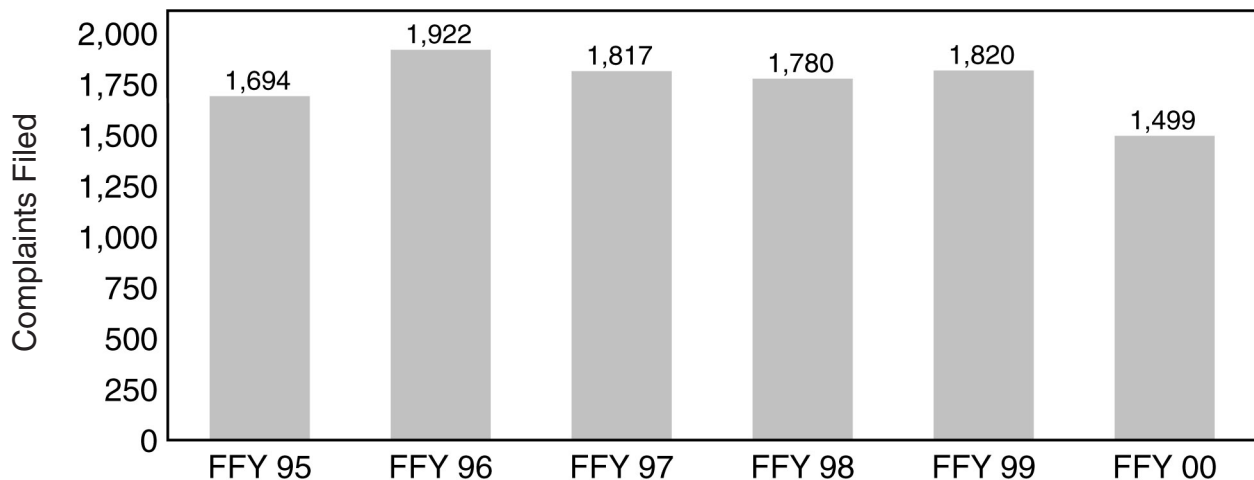
Funding

Program expenditure for FFY 2000 was \$477,922 (\$406,769 federal and \$71,153 non-federal).

Clients Served

Residents of long-term care facilities in Indiana.

Complaints Filed Per Year



Money Management Program

History

The Indiana Money Management Program was established in 1993. The first year there were five local sponsors of the program. One sponsored only the Representative Payee portion of the program. There are now fourteen sponsors, with thirteen providing both the Representative Payee and Bill Payer portions of the program.

Purpose

As outlined in IC 12-10-14, the Indiana Money Management Program is to provide assistance with financial management to individuals with limited incomes who cannot manage their own fiscal affairs without assistance.

Outcome

The desired outcome of the Indiana Money Management Program is to lessen the incidence of exploitation and mismanagement of an individual's benefits, with the objective of improving the quality of life for individuals who need the service and to lessen their need for other social and community services.

Accomplishments

The program's Representative Payees paid out nearly \$400,000 of their clients' funds toward those clients' basic needs in SFY 2000. These funds return to the local communities in the form of payments for rent/mortgage, groceries, utilities, etc. The program served 201 individuals in SFY 2000.

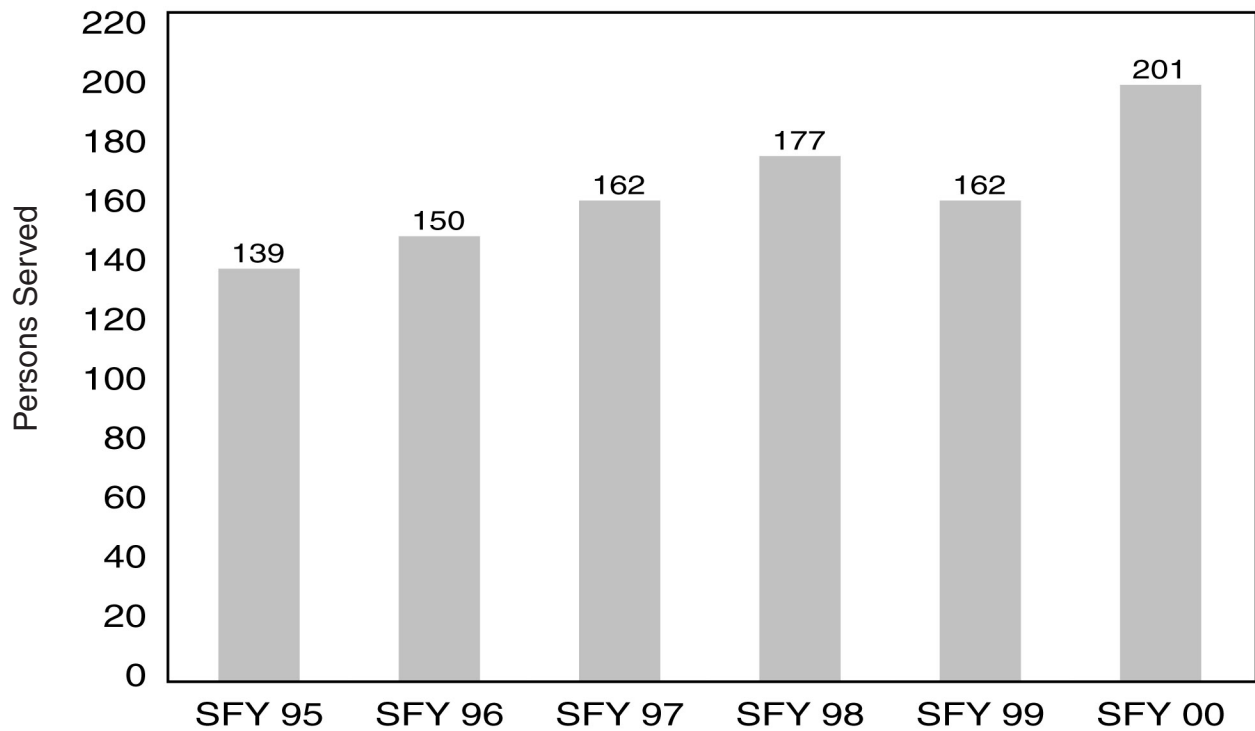
Funding

Volunteers at the local level staff this program. There is no federal or state funding.

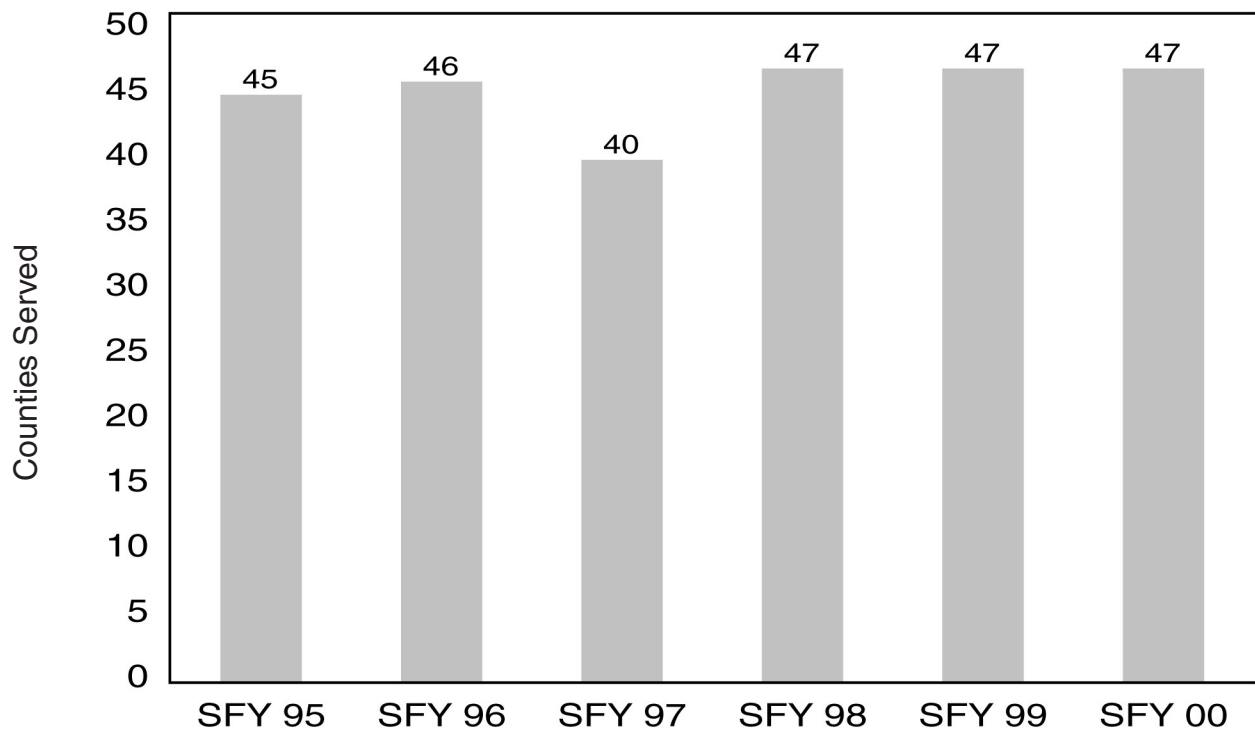
Clients Served

The Representative Payee portion of the program serves individuals who receive federal benefit funds and have been determined by the appropriate federal office to need a representative to pay expenses associated with their basic needs. The Bill Payer portion of the program serves those individuals who request or agree to accept assistance with organizing and paying bills and budgeting.

Money Management Program Persons Served Per Year



Money Management Program Counties Served Per Year



Residential Care Assistance Program

History

The enactment of P.L. 122, Act of 1975 implemented the fully state-funded Assistance to Residents in County Homes (ARCH) Program. The Room and Board Assistance (RBA) Program followed in July of 1976. These laws enacted a state-funded system to subsidize the difference between a resident's income and the state approved daily rate for a County Home or a licensed and approved residential care facility. In 1992, the two programs were transferred to the authority of the Division of Disability, Aging, and Rehabilitative Services. In 2000, the ARCH and RBA programs were merged into the Residential Care Assistance Program (RCAP).

Purpose

As outlined in IC 12-10-6, RCAP is to provide financial assistance to eligible persons living in an approved residential care facility or a county home who do not have sufficient monthly income to pay the daily charge in the facility or home. The program also provides personal needs assistance payments to residents whose income is insufficient to cover their monthly personal needs expenses. RCAP assists eligible residents with health care coverage through Medicaid funding.

In order for a facility to participate in the RCAP it must be a county home, a facility that is licensed by the Indiana State Department of Health pursuant to IC 16-10-4 as a residential care facility, or an accredited Christian Science facility. The facility must also be approved by the Division of Disability, Aging, and Rehabilitative Services.

Accomplishments

The number of residents on the RCAP program at the end of SFY 2000 was 1,623.

In SFY 2000, there were 1,169 persons served in RBA facilities and 454 persons through ARCH.

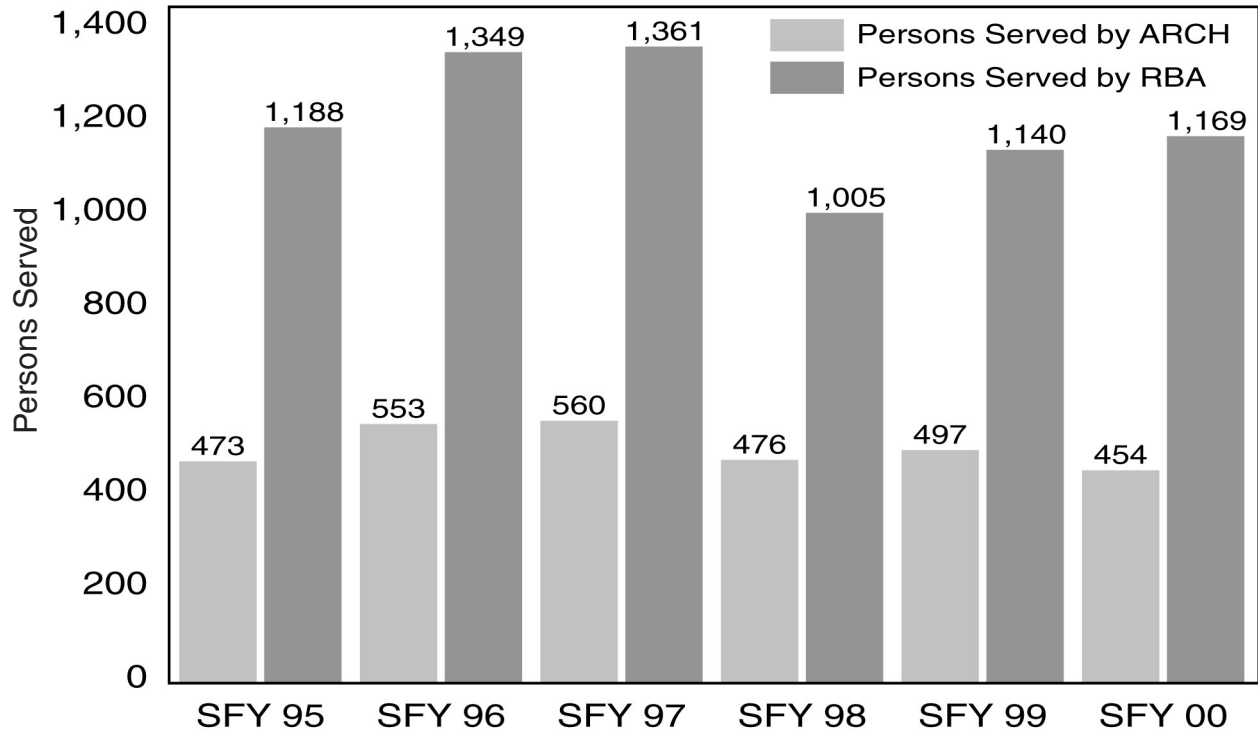
Funding

RCAP expenditures totaled \$10,764,311 in SFY 2000. Of this total, \$8,576,939 were expended in RBAs and \$2,187,372 through ARCH. These expenditures are 100% state funds.

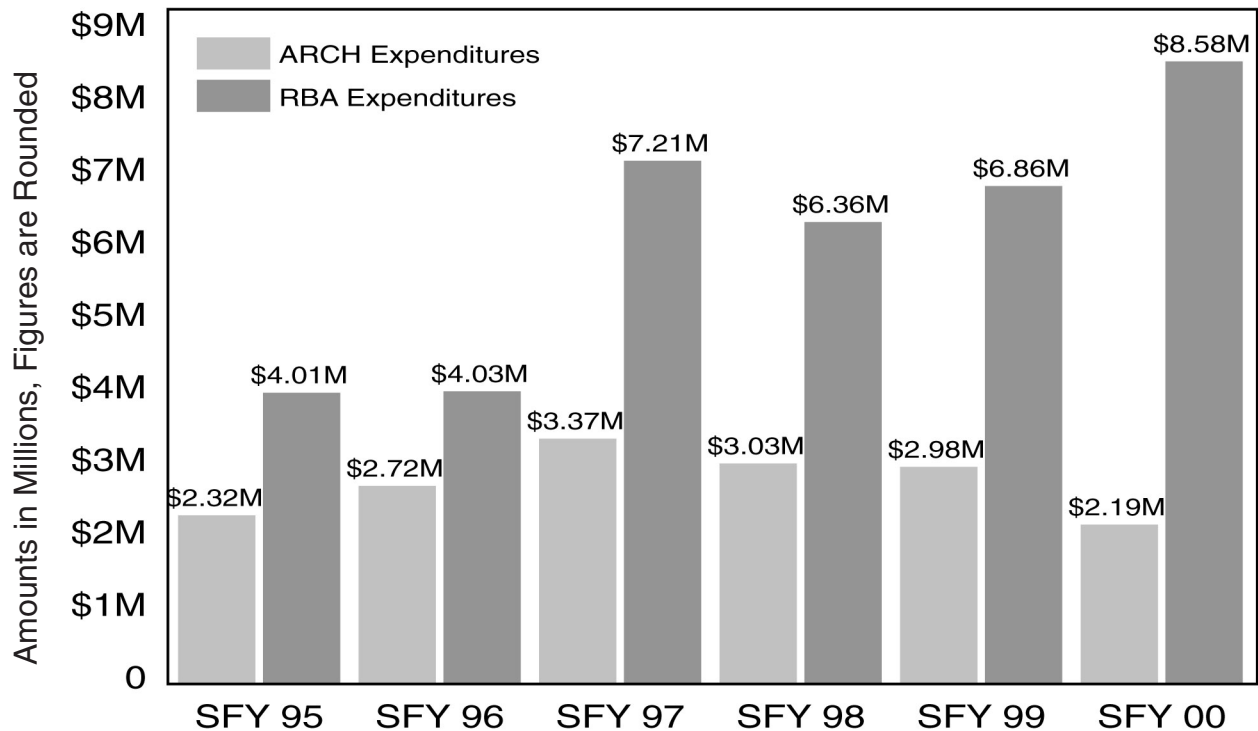
Clients Served

The RCAP assists people who cannot live in their own homes because of age or disability but who do not need the level of care provided in a licensed nursing facility. Eligibility is determined by a caseworker in the county Office of Family and Children.

Residential Care Assistance Program Persons Served Per Year



Residential Care Assistance Program Trend of Annual Expenditures



Social Services Block Grant

History

The Social Services Block Grant (SSBG) was established in 1982 as a revision to Title XX of the Social Security Act. The grant allows states the flexibility to define their programs of social services, ranging from services for children to services for older persons. The Division of Disability, Aging, and Rehabilitative Services has been allocated funds from the grant to administer services to older persons and to persons with disabilities. The Social Services Block Grant has been part of the Statewide IN-Home Services Program since July 1, 1992.

Purpose

The purpose of the program is to provide in-home services in order to help individuals continue to live in their own homes and communities under U.S.C. 1397, IC 12-13-10-1. Services may include attendant care, transportation, adult day care, home delivered meals, homemaker, respite care, home health services and supplies, or other services consistent with the needs of the client population to maintain self sufficiency.

Outcome

The desired outcome is to enable persons who are older adults and/or persons age 18 years or older who have disabilities to continue to live independently in their own homes and communities.

Accomplishments

The number of persons receiving services through the Social Services Block Grant for SFY 2000 was 55,480.

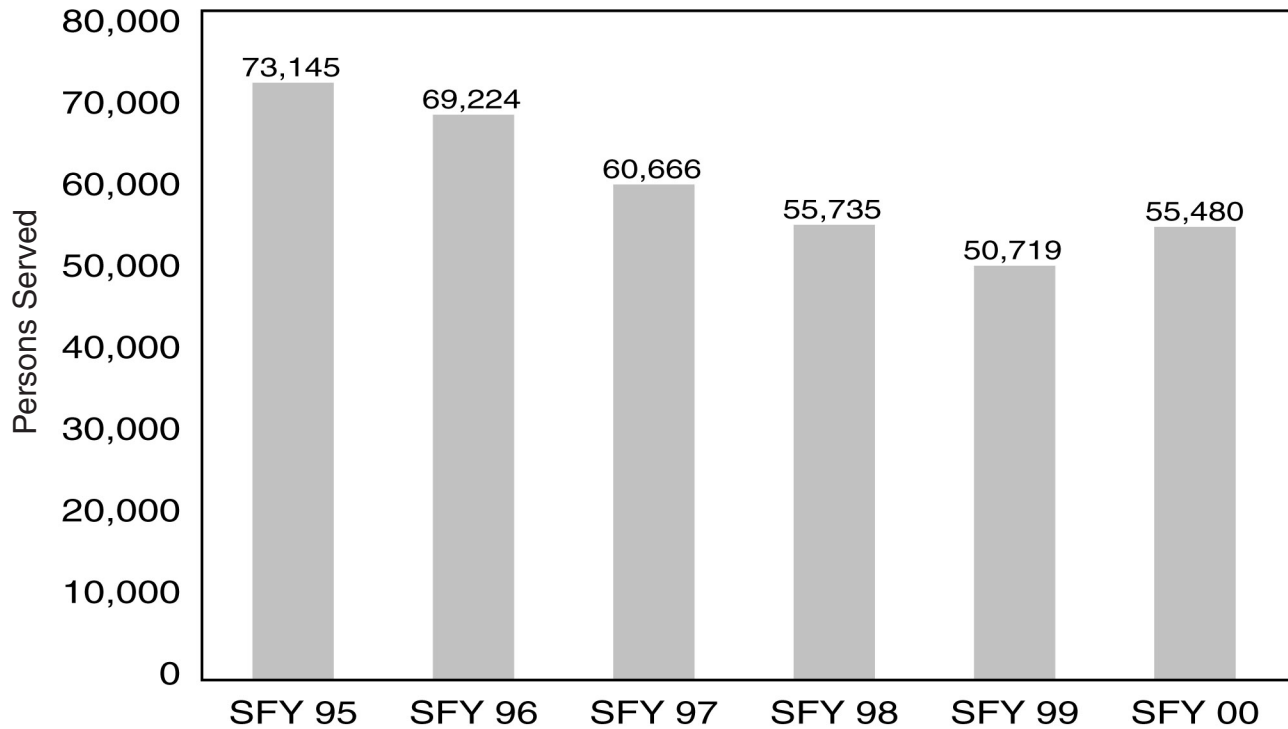
Funding

Program expenditures for SFY 2000 were \$10,715,440. These expenditures are 100% federal funds.

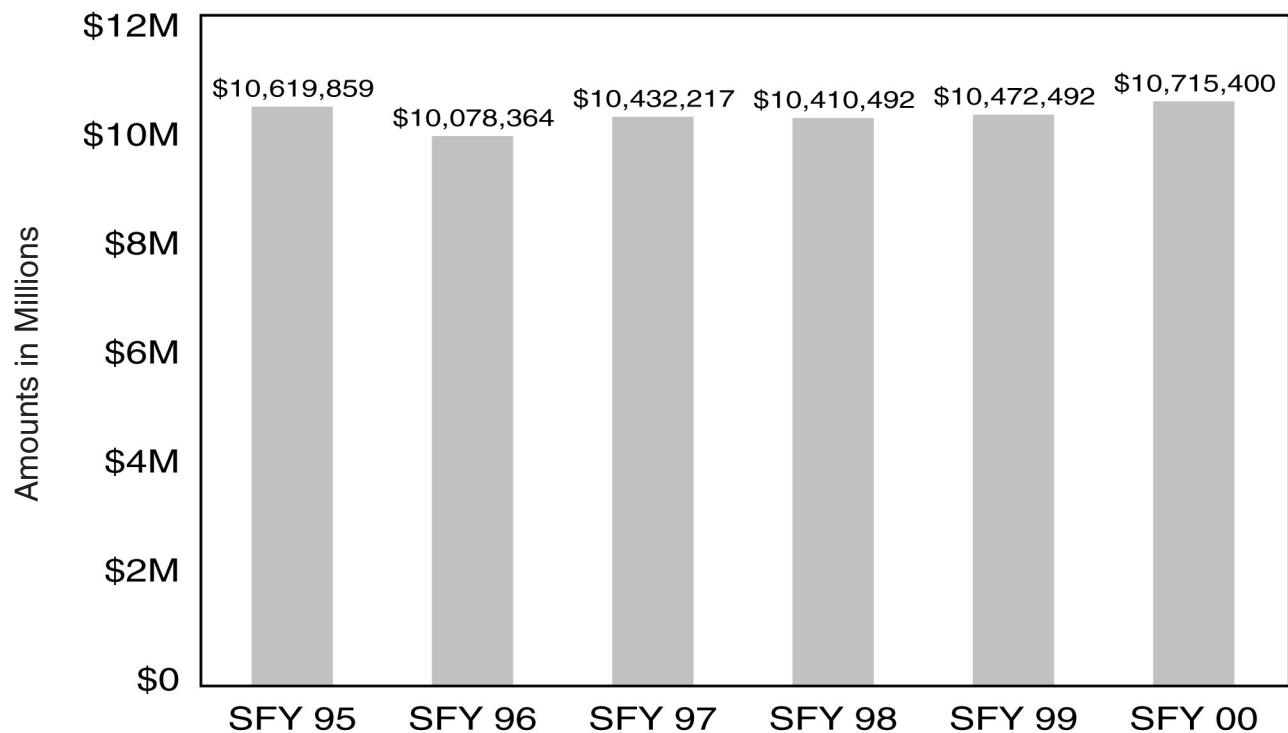
Clients Served

The eligibility criteria for services through this program are being 18 years of age or older, having an income below 150% of poverty, and being in need of services.

Social Services Block Grant/IN-Home Services Persons Served Per Year



Social Services Block Grant/IN-Home Services Trend of Annual Expenditures



Title V Senior Employment

History

The Older Americans Act of 1965 as amended authorized the establishment of the Title V Community Service Employment Program. This program is commonly referred to as the Title V Senior Employment Program.

Purpose

The purpose of the Title V Senior Employment Program is to provide meaningful part-time work opportunities in community service for low-income persons (below 125% of federal poverty) who are 55 years of age or older and who have poor employment prospects under 42 U.S.C. 1397, IC 12-13-10-1.

Outcome

The desired outcome of this program is to provide meaningful employment and training to low-income persons who are 55 years of age or older and who have poor employment prospects. Initially, wages are subsidized by the U.S. Department of Labor.

Accomplishments

The Title V Senior Employment Program served 465 individuals during SFY 2000. The majority of individuals served were women between 60 and 74 years of age. The U.S. Department of Labor has established a goal of placing 20% of the Title V clients in unsubsidized employment. Indiana exceeded this goal by placing 21.6% of the clients in unsubsidized employment. Written agreements between Area Agencies on Aging and local Workforce Development offices have been established to assure maximum coordination at the local and state levels.

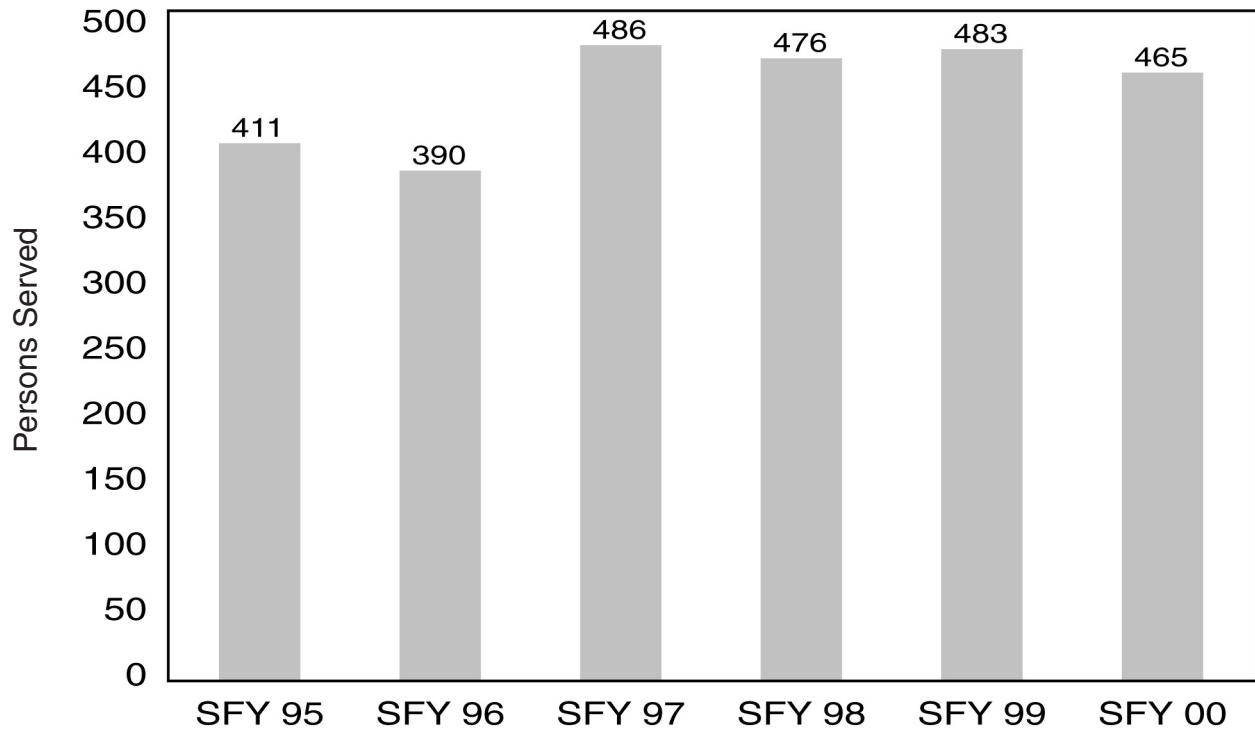
Funding

This program is funded primarily through the U.S. Department of Labor as authorized by the Older Americans Act of 1965 as amended. Federal funds equaling \$2,098,250 were expended in SFY 2000 and matched with \$268,320 in state and local funding.

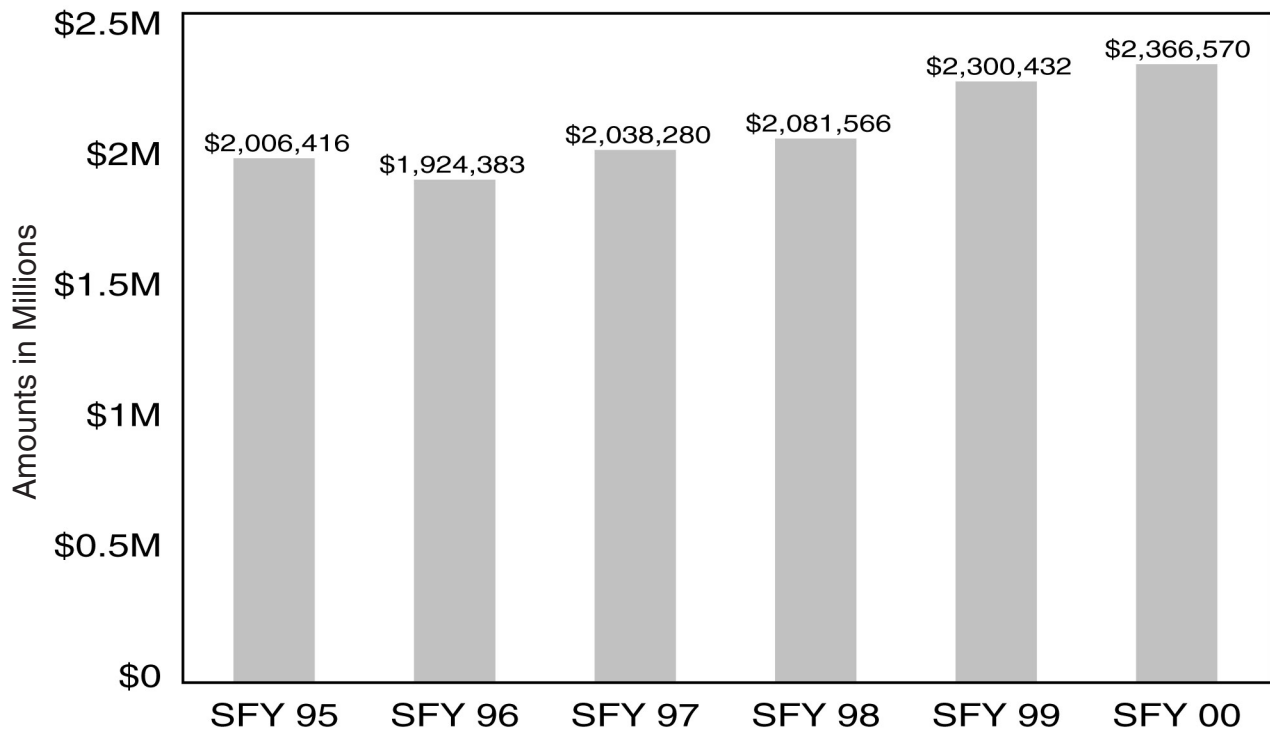
Clients Served

This program serves persons age 55 years and above who have income below 125% of the federal poverty guidelines.

Senior Community Services Program Placements below 125% of Poverty Level



Senior Community Services Program Trend of Annual Expenditures



Title III/VII of the Older Americans Act

History

The Older Americans Act of 1965 as amended provides Indiana with federal funds to coordinate and provide services to persons age 60 and above. The Act has been a major source of support for services to older persons. Major parts of the Act became part of the Statewide IN-Home Services Program on July 1, 1992.

Purpose

The purpose of the program under 42 U.S.C. 3021-3030r, 42 U.S.C. 3058 and IC 12-9-5-1 is to provide needed services to persons age 60 and above. Funds have been a major source of support for congregate and home delivered meals, transportation, information and referral, outreach, legal protection and advocacy.

Outcome

The desired outcome is that older adults have access to needed services enabling them to continue living independently in their own homes and communities.

Accomplishments

The Older Americans Act provided services to a total of 183,378 individuals in SFY 2000, of which 35,000 received in-home services. While the majority of expenditures were from federal funds, use of local dollars to support the programs increased by 50%.

Funding

Total expenditures (federal, state, and local) for SFY 2000 were \$28,573,077. This includes \$20,663,127 for community-based services and \$7,909,950 for in-home services. This includes \$16,480,941 in federal funds, \$1,670,332 in state funds, and \$10,421,804 in local funds.

Clients Served

The eligibility criteria for services through this program are that each participant must be age 60 or above and in need of services.

USDA Meals Reimbursement

History

The United States Congress has mandated the United States Department of Agriculture (USDA) to provide reimbursement for each congregate or home delivered meal served, which provides one third of the Recommended Dietary Allowances (RDA), to an individual age 60 or above. Indiana uses this reimbursement to fund a portion of the cost of each meal served.

Purpose

The purpose of this funding is to expand the number of meals provided by the Elderly Nutrition Program authorized by 7 C.F.R. Part 226. Reimbursement is based on a unit rate for each congregate and home delivered meal served.

Outcome

The desired outcome of this program is to provide nutritious meals to individuals age 60 and older that offer one third of the Recommended Dietary Allowance.

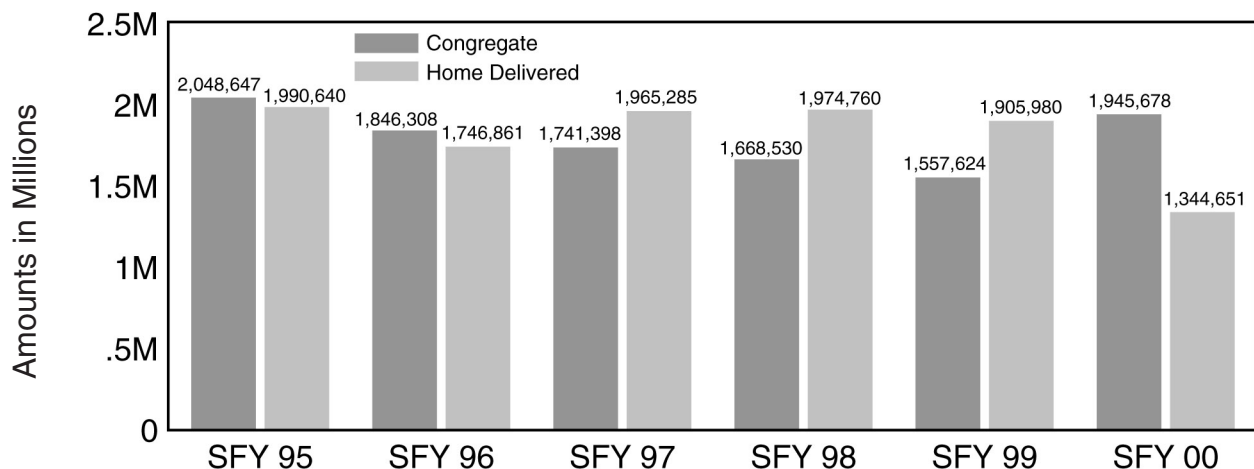
Accomplishments

In State Fiscal Year (SFY) 2000, 1,344,651 congregate meals and 1,945,678 home delivered meals were served, for a total of 3,290,329 meals served.

Funding

Program expenditures during SFY 2000 were \$732,205 for congregate meals and \$1,059,609 for home delivered meals. The total Indiana USDA nutrition expenditure in SFY 2000 was \$1,791,814. The reimbursement rate was \$0.5571 per meal from July through September 1999 and \$0.5404 per meal from October 1999 through June 2000.

Nutrition Program Meals Served



Program Support: Collaborative Efforts, Quality Assurance, Training, Technical Assistance & Funding

In-Service Training

The Bureau of Aging and In-Home Services is committed to the provision of quality services to Indiana's elderly and persons with disabilities. To maintain the level of service quality, the Family and Social Services Administration and the Indiana Association of Area Agencies on Aging (IAAAA) have provided comprehensive in-service training sessions in the area of in-home and community-based programs. In SFY 2000, training was conducted in the following areas:

- Case Management
- CHOICE
- Pre-Admission Screening/Resident Reviews
- Medicaid Waivers
- Nutrition

Program Support

The Bureau of Aging and In-Home Services (BAIHS) has applied for several competitive grant opportunities from a variety of federal and private sources. BAIHS has been successful in obtaining the following grants:

- Performance Outcome Measures
- Preventing Medicare Fraud, Waste and Abuse
- Medicare + Choice
- Relatives as Parents Program

These grant funds will allow Indiana to expand and support activities designed to enhance the lives of older adults and persons with disabilities. The outcome of these projects will also continue Indiana's efforts of innovation and collaboration. Plans are to incorporate the design of these exciting projects into the ongoing work of BAIHS when the grant period has ended.

Developmental Disabilities Medicaid Waiver Ombudsman

IC 12-11-13 established the position of a Statewide Waiver Ombudsman. This position was created to investigate and resolve complaints and concerns of individuals with developmental disabilities who are receiving services through a home and community-based Medicaid Waiver. This position has been established within the Bureau of Aging and In-Home Services. Contact can be made through the Ombudsman hotline at 1-800-622-4484.

INsite

The Bureau of Aging and In-Home Services has redesigned its automation capability. Working with the Area Agencies on Aging and Roeling Corporation of Lafayette, Indiana, BAIHS has established a new standard for data collection and reporting using automation. The INsite program is a Windows based system using Visual FoxPro.

The continued development of such systems is critically important as management moves toward performance-based outcomes to assure that consumers receive quality services.

BAIHS has embarked on a pilot program for the electronic transmission of information and processing of Medicaid Waivers. This is designed to streamline and reduce the paperwork intensive nature of processing Medicaid Waiver decisions. The inclusion of data and information supplied by independent case managers is an important component of these pilots.

Quality Assurance

The Bureau of Aging and In-Home Services quality assurance initiatives have continued to grow in

2000. The Quality Improvement Program (QIP) has expanded to all sixteen AAAs and data collection is currently underway. Each AAA is contractually required to survey 10% - 15% of IN-Home Services Program recipients to provide a basis for quality improvement activities in the areas of service quality and consumer satisfaction. Consumer-based information is then aggregated, preserving confidentiality, and feedback is given to providers. Additionally, each former resident of the New Castle and Northern Indiana State Developmental Centers who has transitioned into a community setting will be interviewed using this process.

The Bureau of Aging and In-Home Services has also contracted with the Center for Outcome Analysis of Philadelphia, Pennsylvania to monitor and assess quality of life indicators and outcomes of all former residents of closed state developmental centers residing in community settings. The in-depth assessment determines whether or not consumers are receiving the services needed to promote quality of life outside the institution. The assessments are conducted at regular intervals and any potentially harmful situations are identified for correction.

Assisted Living

In compliance with House Enrolled Act (HEA) 436, facilities that wish to use the term "assisted living" in their title, are required to disclose information regarding rates, available services, and other pertinent information to assist consumers in making informed choices. Facilities were required to disclose information by December 1, 1998. At the close of SFY 2000, 206 facilities had provided disclosure information to the Bureau of Aging and In-Home Services.

During SFY 2000, the CHOICE Board formed a Sub-Committee for Long-Term Care. This work resulted in a report sent to Governor Frank

O'Bannon on February 15, 2000. This report made recommendations on six initiatives including: assisted living, adult foster care, adult day services, case management and pre-admission screening, long-term care insurance and funding options. To further these initiatives, Governor O'Bannon appointed a Task Force, chaired by the Secretary of FSSA, to implement strategies for assisted living, adult foster care, and adult day services. These actions have resulted in an amendment to the Aged and Disabled Medicaid Waiver to enhance and expand adult day services. On September 29, 2000 a proposal was sent to the Health Care Financing Administration to implement a Medicaid Waiver for assisted living and adult foster care.

Consumer Directed Attendant Care Program

The Consumer Directed Attendant Care Program provides hands on assistance for older adults or persons with disabilities. The program is being piloted through the CHOICE Program. This program offers the consumer the option of privately employing an attendant care worker. Allowable activities include homemaker services, mobility assistance, meal planning and preparation, dressing and grooming, and escort to medical appointments.

The Consumer Directed Attendant Care Program began on November 1, 1999 and is currently available on a pilot basis through all Area Agencies on Aging. A consumer information brochure explaining the program has been developed by the Indiana Association of Area Agencies on Aging and is available from the Area Agencies.

During the initial phase of this pilot implementation (November 1999 - June 2000), 183 persons were able to work with privately hired attendant care workers. In the future, it is anticipated that this service opportunity will be incorporated into the Medicaid Waivers.

Collaborative Efforts

The Bureau of Aging and In-Home Services is currently involved with numerous internal and external groups to improve service delivery for Indiana's older adults and persons with disabilities through ongoing program planning and development. Below is a sample of these collaborative efforts in 2000.

The Community Capacity Work Group - Staff of the Family and Social Services Administration (FSSA) and providers analyze methods to enhance community capacity to provide services throughout the state for the transition of residents from closed state developmental centers into community placements and to assist individuals who wish to remain in their own homes and communities.

Medicaid Outreach to Medicare Recipients Group - FSSA and Area Agency on Aging staff are identifying issues regarding Medicare recipients who cannot pay their Part B premiums and who may be eligible for Medicaid assistance to cover premium costs. This effort is conceptualizing means to outreach to these individuals and assess the potential of local intake sites.

Residential Care Task Force - This group is made up of representatives from the Indiana State Department of Health, Indiana Health Care Association, Indiana Homes and Services for the Aging, the Bureau of Aging and In-Home Services, FSSA Legal Division, and FSSA Division of Mental Health. The primary purpose of the group is to discuss and resolve issues relating to residential care in Indiana such as rate setting, services requirements and service reimbursement.

CHOICE Board Sub-Committee on Long Term Care - Comprised of representatives of FSSA, AAAs, advocates, consumers, and providers, the group's purpose was to design a blueprint for a continuum of long term care services. A report and recommendations were sent to Governor Frank O'Bannon on February 15, 2000.

Long Term Care Task Force - This group consists of the Secretary of FSSA, the Commissioner of the Indiana State Department of Health, the Director of the State Budget Agency, the Chair of the CHOICE Board and the Chair of the Health Facilities Council. It was appointed by Governor Frank O'Bannon to assure the design and development of assisted living and adult foster care options under funding of a Medicaid Waiver.

Community Outreach Activities

There are a number of Community Outreach Activities that the Bureau of Aging and In-Home Services sponsors each year. In SFY 2000 these activities included:

- **Older Americans Month Proclamation** - This event pays tribute to contributions of older persons in the community. The ceremony was highlighted by a proclamation by Governor Frank O'Bannon.
- **Indiana State Fair** - Approximately 20,000 people were reached at this twelve-day event. The Fair serves as a showcase for talents of persons of all ages, provides information on services and programs for older persons and persons with disabilities and promotes health awareness. Highlighted was the recognition of senior volunteers during the Martin H. Miller Award for Senior Volunteers of the Year.
- **Indiana Governor's Conference on Aging and In-Home Services** - The conference was attended by older persons, advocates, service providers, and professionals. The Conference focus was consumer education, information and assistance, professional development, networking, and achievement recognition. Governor Frank O'Bannon addressed the participants regarding the many issues facing Indiana.

Closing Comments

Indiana's In-Home Services and Community-Based Program has grown significantly over the years to meet the demand of Hoosier older adults and persons with disabilities. The innovative Statewide IN-Home Services Program has received national recognition for its single point of entry, coordination of services for persons of all ages, use of cost share methodology, and tracking system.

Appendix A

Bureau of Aging and In-Home Services Advisory Bodies

Indiana Commission on Aging

Dale Helmerich, Chairperson	John Johnson	Geneva Sams
Martha Bannon	B. L. Martz, M.D.	Harry Thompson
James Goen	Roxsandra Clemons-McFarthing	Donna Laflin
Edward Gottschling	Rev. A. Glen O'Dell	Anita McColester
Don Hallett	Mary Jane Phillippe	
Roscoe Harkins	Mary Lena Roberson	

Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE) Board

Stephen Rappaport, M.D., Chairperson	Blanche C. Ferguson	Jay Wignall (Designee for James Hmurovich, DFC)
Thelma Bertrand	Dale Helmerich	Joan L. McLaughlin
Beverly Brewer	Stephen McCaffrey	
	Loretta Springer	

Indiana Money Management Program State Advisory Council

Judy Davis, Chairperson	Dale Helmerich	Margaret Adamek, Ph.D
Jim Albaugh	Catherine K. Lake	Connie Naylor
Jo Ella Coots	Bette Lindley	Ellen Jackson
Beth Evans	Jim Lizon	John Ready
Bob Johnson	Humbert Lopes	Ken Sexton
Libby Hadley	Donna Gadd	Edward W. Stachowicz
Irene Wegner	Kathy Mueller	Jacqueline Wright

Indiana Governor's Taskforce on Alzheimer's Disease and Related Senile Dementia

Sandra Worthen, Chairperson	Kathleen Hall, Ph.D.	Senator Marvin Rigsecker
Anita Charnekar (designee for Richard Feldman, M.D.- ISDH)	LaDonna Jensen	Rep. John Day
Gayle Cox, Ph.D.	Louann Albaugh Lawson	Rep. Dave Frizzell
Royda Crose, Ph.D.	Mary Marr Owens	Lanier Vines (designee for the Director of Disability, Aging, and Rehabilitative Services)
Martin Rhys Farlow, M.D.	Dr. Karen Robinson	
Michael Ferry (designee for Janet Corson- DMH)	Lesley Steadman	
	Clifford H. Swensen, Ph.D.	
	Senator Allie V. Craycraft	

Appendix B

GOVERNOR'S TASK FORCE ON ALZHEIMER'S DISEASE AND RELATED SENILE DEMENTIA GRANTEE SUMMARIES

Ten projects were conducted during State Fiscal Year 2000 totaling \$83,493.00 as summarized below:

A. BALL STATE UNIVERSITY/DEPARTMENT OF FAMILY AND CONSUMER SCIENCES

FUNDING AMOUNT: \$9,419

PROJECT SUMMARY: The purpose of the project was to develop a web site, "Alzhome", which will disseminate information on home modifications for persons with Alzheimer's disease and related senile dementia. Alzhome is on the World Wide Web at <http://www.bsu.edu/cast/nursing/alzhome/> and contains information on the following categories:

1. Recommendations. This section has options on lighting, colors, textures, floor covering, and floor plans. When a specific room is selected, there are suggestions for ways to make it safer for a person with Alzheimer's disease.
2. Resources. Five topics are included: books, products, multimedia, organizations and related web sites.
3. Home Assessment. Visitors to the web site can access diagrams of different rooms in a home. When a room is selected, a checklist appears which can be printed and used as a guide to evaluate the room.
4. Educational Materials. This section contains a PowerPoint presentation and slides in GIF format on home modification planning which can be downloaded. Online participants can take a 35 question/answer test to determine their knowledge of Alzheimer's disease.
5. The web site also contains a disclaimer, site index, and information about the authors.
6. Content of the web site will be monitored frequently. Funds will be solicited to support the web site and update contents on an annual basis.

B. CATHOLIC SOCIAL SERVICES / ST. ANN'S PLACE (ADULT DAY SERVICES)

FUNDING AMOUNT: \$5,000

PROJECT SUMMARY: The project aimed at expanding services available at St. Ann's Place Respite Center for caregivers through a collaborative effort with the Senior Companion Program (SCP). It planned to provide in-home activities for participants as well as additional respite for the caregiver.

1. Ten Senior Companions received specialized training in Alzheimer's care. Three companions were then assigned to St. Ann's Place to begin providing in home and respite care to participants.
2. Individual care plans were initiated to provide appropriate stimulus for participants in their homes. Caregivers were given training and instruction for these activities so that they could duplicate them.
3. Three Senior Companions were successfully matched with three participants from July 1999 to February 2000, providing 372 hours of in-home respite.
4. Remaining participants were not matched to a SCP. However, this service is still offered to new families upon admission to the respite program.
5. The Senior Companion Program will fund this service at St. Ann's Place for fiscal year 2000-2001.

C. EVERGREEN INSTITUTE ON ELDER ENVIRONMENTS, INC.

FUNDING AMOUNT: \$15,000

PROJECT SUMMARY: The Evergreen Institute was awarded a contract to conduct a retrospective review of previously funded grants made by the Governor's Task Force on Alzheimer's Disease and Related Senile Dementia between 1988 and the 1998-99 fiscal year.

1. The following materials were collected and determined to be necessary to the review process: project abstracts; mid year and final reports submitted by grantees; information on the number of total proposals submitted by category and

geographical area; minutes from the Governor's Task Force that report on the Request For Proposal (RFP) procedure and record events in the grant process.

2. A Project Advisory Panel consisting of four current Governor's Task Force members and four non-affiliated persons will assist with the review process and help with the design, production and implementation of an evaluative survey.
3. Although sixty-two grants were awarded during the eleven-year review period, fifty-three grantees were mailed the survey. The remainder of the grantees could not be located or were determined not appropriate for survey purposes.
4. Forty-eight grantees responded to the survey, either by mail, phone call or personal interview, resulting in a response rate of 90%.
5. The category of "Respite and Adult Day Care" received the largest number of grants for a total expenditure of \$279,988 during the eleven-year review period. Thirteen awards totaling \$115,759 were given to "Education and Training" projects, eleven awards totaling \$128,780 were given to "Innovative Models, Pilot Projects and Research" grants, and eleven awards totaling \$111,884 were given to "Other Projects and Services" proposals.
6. As a result of the survey, the Evergreen Institute recommended that the Governor's Task Force:
 - (a) Identify professional resource people to act as consultants for Task Force-funded projects.
 - (b) Compile information on future funding sources and prepare a publicity/marketing guide.
 - (c) Focus on development of in-home respite services.
 - (d) Revisit the convention of one-year "seed-money" grant awards.
 - (e) Consider altering the format of the final report to obtain more specific data.
 - (f) Develop a mechanism to track/evaluate the statewide distribution of educational materials.
 - (g) Consider a weekend retreat for the Task Force to focus on the future of Alzheimer's care in Indiana, the role and capacity of the Task Force in enhancing this care, and the impact of the work of the Task Force on state level policy.
 - (h) Research on what other similar entities have accomplished, and place the history, work and direction of the Task Force into a larger regional or even national context.
7. The Advisory Panel and the Evergreen Institute designated best practice awards for eight grantees.

D. IMMANUAL LUTHERAN CHURCH / GOOD NEIGHBORS ADULT CENTER

FUNDING AMOUNT: \$11,500

PROJECT SUMMARY: This project sought funding for operating expenses during the early stage operation of the Good Neighbors Adult Center, an adult day care program located in Seymour, Indiana. The Center faced a critical time of growth with seeking additional clients, expanding program activities and hours of operation, and the recruiting and training of volunteers.

1. The Center is in the process of incorporating, developing a Board of Directors, and becoming a totally separate entity from the Immanuel Lutheran Church, which founded it.
2. It has been selected by Partners in Caregiving, a Robert Wood Johnson Foundation project, as one of twenty-four sites to give one-on-one mentoring focused on marketing, financing and programming.
3. Hours of operation have been increased so that the Center is open for 7 1/2 hours daily, with the goal of expanding to 10 1/2 hours by the end of year 2000, and 12 hours the next year.
4. A total of sixteen participants enrolled in the Center, and participation hours increased from 179.5 a year ago to 420 hours. The number of participants is expected to grow through marketing efforts and increased community awareness.
5. The Center employs two part-time staff, and will soon advertise for a third part-time employee.
6. The Center is a member of the social services round-table, and the Center director has given several educational programs on Alzheimer's disease and caregiver issues. The staff also mails a monthly newsletter to 60 people and has developed a brochure targeting caregivers.
7. Recruitment and retention of volunteers continues, with the Center now reaching out to the entire community and minimizing its reliance on the founding church.
8. Continued funding for the Center is expected from evaluating the current user fees, seeking funds from the local community foundation and industries, applying for Medicaid Waiver funds, and hosting an annual fund-raising event.
9. Goals of the Center focus on building a strong Board of Directors, educating caregivers and referral sources about its services, increasing the number of participation hours, and expanding the staff to possibly include an LPN or RN within a year.

E. HERITAGE PLACE OF INDIANAPOLIS, INC.

FUNDING AMOUNT: \$2,450

PROJECT SUMMARY: Heritage Place purchased consumer education literature, such as booklets, articles, publications and other informational materials, and distributed it to caregivers of older adults.

1. Educational literature is the most requested component of the Caregiver Support Services Program at Heritage Place.
2. Heritage Place case managers purchased and also obtained free consumer education literature on various issues related to caregiving, such as wellness, exercise and relaxation topics.
3. Consumer education literature was purchased from a variety of sources, including the Indiana Alzheimer Disease Center and the American Association of Retired Persons (AARP).
4. Materials were organized alphabetically by subject matter for easy access; greeting card display stands were converted into a Consumer Information Library in the Senior Center
5. Educational literature was disseminated to caregivers by mail, at group meetings, and at the office.
6. Telephone follow-up was done with caregivers who received literature to determine the effectiveness and usefulness of the information.
7. The number of caregivers that Heritage Place serves increased from 135 in 1998 to 172 in 1999, largely due to the outstanding response to the consumer literature.
8. Heritage Place plans to continue the purchase of caregiver consumer literature with funds from community contributions and fund-raising events.

F. LAPORTE COUNTY COMPREHENSIVE MENTAL HEALTH COUNCIL, INC. / SWANSON CENTER

FUNDING AMOUNT: \$7,036

PROJECT SUMMARY: This project, named "Caregiver Training for Minority Caregivers in LaPorte County," sought to increase knowledge of Alzheimer's disease and expand awareness of the resources available to family and paraprofessional caregivers who predominantly serve minority senior citizens. As a continuation of the fiscal year 1999 grant awarded by the Governor's Task Force, the Swanson Center intended to partner with other service providers to link service agencies and share existing resources.

1. As a current grantee, the Swanson Center provided professional and family caregivers training sessions in LaPorte County, focusing on minority and rural caregivers.
2. Project staff provided 7 caregiver information sessions to 112 participants of which 38% identified themselves as belonging to a minority population (35% African-American and 3% Latino).
3. Three sessions were held in churches, three at Swanson Center locations, and one at a nursing facility.
4. The project staff reached the number of targeted recipients but not the number of minority participants that were anticipated because of several factors.
5. The Swanson Center will continue to work with the Minority Health Coalition of LaPorte County and the Retired Senior Volunteer Program (RSVP) of LaPorte County in order to reach caregivers.
6. Project staff has learned much about marketing and presenting services to the minority communities in LaPorte County through performing these grant activities.

G. LEGAL SERVICES PROGRAM OF NORTHERN INDIANA, INC.

FUNDING AMOUNT: \$10,000

PROJECT SUMMARY: This proposal addressed legal questions about living arrangements for persons with Alzheimer's Disease and related disabilities. It examined directives from the Health Care Financing Administration, recent or anticipated decisions by the Supreme Court under the Americans with Disabilities Act, and the issue of personal liability for injuries resulting from alleged assaults on caretakers.

1. The Decision in Creasy v. Rusk by the Indiana Supreme Court. Issued on June 14, 2000, this decision is of importance to individuals with Alzheimer's and their families. The court was called upon to decide the extent to which an individual with Alzheimer's (and possibly family members) could be held liable for damages resulting from negligent or intentional acts which injure a caretaker. The Supreme Court concluded that, while under ordinary circumstances, an individual with mental disabilities must be held to the same standard of care as a person without such disabilities, henceforth the court would also look at the relationship between a particular plaintiff and defendant. Indiana will automatically hold

persons with mental disabilities to the “reasonable man” standard, with occasional exceptions for special relationships. The Supreme Court ruling has implications beyond the Creasy decision although it acknowledges and, in part, seeks to reaffirm civil rights for people with disabilities.

2. Independent Developments under the Americans with Disabilities Act. The enactment of the ADA in 1990 resulted in a federal statute establishing unprecedented rights and remedies for individuals with disabilities. There is no doubt that individuals affected by Alzheimer’s disease - even in its earlier states - may properly be considered as coming within the definition of an “individual with disabilities” under the ADA. There are three ways in which extraneous factors might become significant in cases involving the rights of people with Alzheimer’s under the ADA: other detailed legislative programs such as Medicaid may be involved; the personal, subjective attitude of Justices may color the legal merits of a case; the court may have concerns about the capacity of the legal system to perform certain functions.
3. Administrative Dimension of These Legal Issues. There are regulations or administrative rules that have been issued by various federal agencies responsible for enforcing phases of the law. These rules and regulations provide a mechanism whereby individuals with grievances can pursue remedies outside the court system. Courts will often look to the administrative rules for guidance in interpreting the law.
4. The Significance of Advocacy. Unique problems often face advocates representing individuals and families affected by Alzheimer’s disease. The advocate must become familiar with the disease and its underlying issues and problems. Individuals and families may be required to seek assistance from public interest lawyers. Ethical questions are of special importance to these individuals and families because these people are often vulnerable because of mental or physical limitations. Families may be confounded by a complex series of problems and dilemmas associated with appropriate treatment. The lawyer and advocate representing these clients must do so with complete independence of professional judgment. Lastly, there is the need for superior professional expertise in dealing with the complex problems of persons with Alzheimer’s disease and their families. Lawyers have a duty to refer cases beyond their competence or to associate with lawyers who are more skilled in the conduct of these cases. Groups such as the Governor’s Task Force can assist in identifying members of the bar who can meet the legal needs of individuals and families affected by Alzheimer’s disease and related disorders. One suggestion is to establish something similar to the Protection and Advocacy systems provided for developmentally disabled people under federal law. Indiana might consider establishing a pilot program for clients affected by Alzheimer’s disease and related disorders.
5. Critique of Emerging Disability Rights. The civil rights principles embodied in the ADA have caused controversy, with objections ranging from political points to philosophical contentions. To answer these objections in favor of the ADA, Congress itself speaks of our nations’ goals of equal opportunity, full participation, independent living and economic self-sufficiency for individuals with disabilities. Finally, the values of our society uphold fair treatment of the very young, the very old, the poor and the disabled.

H. ALZHEIMER’S DISEASE AND RELATED DISORDERS ASSOCIATION, INC./ NORTHERN INDIANA CHAPTER OF THE ALZHEIMER’S ASSOCIATION

FUNDING AMOUNT: \$5,200

PROJECT SUMMARY: The purpose of this grant was to provide two one-day workshops for family caregivers in Allen and Lake Counties on Advanced Stage Alzheimer’s Disease.

1. The first “Coping with Advanced Alzheimer’s Disease” conference was held at the Marian Education Center of St. Anthony’s Medical Center in Crown Point (Lake County) on October 23, 1999. Sessions were offered on: understanding the later stages of Alzheimer’s disease; evaluating long-term care decisions; ethical decision-making issues; and helping caregivers deal with stress. Forty caregivers attended this conference.
2. The second conference was held at Parkview Hospital in Fort Wayne (Allen County) on May 20, 2000. Session topics were similar to those of the first conference, and there were thirty-eight caregivers in attendance. Evaluation forms from both conferences were obtained and summarized.
3. There is a continued need for caregiver education in the late stage issues and the Chapter will be adding this topic to future training opportunities.
4. The Chapter adopted a Strategic Plan effective July 1, 2000. Educational opportunities for late stage issues are included in the educational events plan.
5. Costs of future conferences dealing with late stage issues may be reduced through the partnerships the Chapter has made with hospitals and other service providers. Remaining costs will be funded by the Chapter operations budget.

I. SOUTH MARION FRIENDS MEETING, INC./ SOUTH MARION ADULT DAY SERVICES

FUNDING AMOUNT: \$7,888

PROJECT SUMMARY: The purpose of this project was to supplement 35% of the program director's compensation package and to enable South Marion Adult Services to develop a policy manual for the orientation of paid and volunteer staff to comply with certification requirements.

1. Average weekly attendance from July 1, 1999 to December 31, 1999 has been twelve participants or eleven households. This is an increase of three families from last year. The larger weekly census required the hiring of a program assistant, which increased operating expenses.
2. A "Texas Chili Cook-Off and Silent Auction" raised \$1,700.00 and over 300 people attended.
3. The policy manual was completed in October 1999.
4. In spite of aggressive advertising and networking, public response has been nominal. The concept of adult day care is not clearly understood or accepted. Consequently, South Marion Adult Day Services will not provide additional services after February 17, 2000 due to insufficient interest and funds.
5. If this project is duplicated elsewhere, our recommendations are to limit promotion to recruiting family physicians to recommend adult day services to their patients; to establish and enforce firm policies to prevent clients from accumulating balances on their accounts; and to foster a cohesive and productive volunteer board through monthly meetings.

J. TRI-CITY COMPREHENSIVE COMMUNITY MENTAL HEALTH CENTER

FUNDING AMOUNT: \$10,000

PROJECT SUMMARY: This project, "Alzheimer's Disease Education and Training within Minority Communities," provided education and training in the communities of East Chicago, Hammond and Gary, all of which have large African-American and Hispanic minority populations.

1. Twelve informational sessions were conducted at various community locations from September 1999 to March 2000. These sessions were delivered at congregate nutrition meal sites, senior companion programs, a District Council on Aging meeting, the East Chicago Clergy Council, senior housing projects and a local rehabilitation center.
2. Information about Alzheimer's disease (symptoms and diagnostic criteria, differentiation from other treatable illnesses, and local resources for more information and support) was distributed. After the programs, there were opportunities for attendees to ask specific questions related to personal or family concerns.
3. Attendance at the programs surpassed the projected goal of 150 as a total of 198 participants attended the sessions. Of these participants, 115 were African-Americans, and 22 were Hispanics. Ninety-eight family caregivers attended, amounting to 50% of the total participants.
4. Three family caregiver programs were delivered to a total of 44 caregivers in the communities of East Chicago, Hammond and Gary. The programs were co-sponsored by the Older American Congress in Gary, the East Chicago Headstart Program, and the Hammond Senior Companion Program. Information was distributed in Spanish to several participants.
5. Of the 44 caregivers participating, there were 36 African-Americans and 7 Hispanics.
6. The final objective, the Aging Conference, was held on May 18, 2000 with 100 professionals and family caregivers in attendance. The keynote speech was on "Successful Strategies in Dementia Care." A total of 45 social service agencies and health care providers attended the conference, and resource materials regarding Alzheimer's disease and family caregiver networks were distributed.

16 Area Agencies

**Area 1 Agency on Aging
LCEOC, Inc.**

5518 Calumet Ave.
Hammond, IN 46320
(219) 937-3500 or (800) 826-7871
FAX (219) 932-0560 or (219) 931-5501
E-Mail: LCEOC@core.com
Marie Kalafatic, Director
Marion Hogan, President, C.E.O.

**Area 2 Agency on Aging
REAL Services, Inc.**

1151 S. Michigan St., P.O. Box 1835
South Bend, IN 46634-1835
(219) 233-8205 or (800) 552-2916
FAX (219) 284-2642
E-Mail: Bzaseck@realservicesinc.com
Becky Zaseck, Executive Director
Lester Fox, President, C.E.O.

Aging and In-Home Services of Northeast Indiana, Inc.

201 E. Rudisill Blvd., Suite 208
Fort Wayne, IN 46806-1756
(219) 745-1200 or (800) 552-3662
FAX (219) 456-1066
E-Mail: aginginhome@mixi.net
Diann Shappell, President

**Area IV Agency on Aging & Community
Action Programs, Inc.**

660 North 36th St., P.O. Box 4727
Lafayette, IN 47903-4727
(765) 447-7683 or (800) 382-7556
TDD (765) 447-3307; FAX (765) 447-6862
E-Mail: info@areaivagency.org
Sharon Wood, Executive Director

Area Five Agency on Aging & Community Services, Inc.

1801 Smith Street, Suite 300
Logansport, IN 46947-1577
(219) 722-4451 or (800) 654-9421
FAX (219) 722-3447
E-Mail: mmeagher@areafive.com
Michael Meagher, Executive Director
Connie Meagher, Director of Aging Services

LifeStream Services, Inc.

1701 Pilgrim Blvd., P.O. Box 308
Yorktown, IN 47396-0308
(765) 759-1121 or (800) 589-1121
TDD (800) 589-1121; FAX (765) 759-0060
E-Mail: whb@area6.org
Web Site: www.area6.org
William Boothe, President, C.E.O.



**Area 7 Agency on Aging and Disabled
West Central Indiana Economic Development
District, Inc.**

1718 Wabash Ave., P.O. Box 359
Terre Haute, IN 47808-0359
(812) 238-1561 or (800) 489-1561
TDD (800)489-1561; FAX (812) 238-1564
E-Mail: area7agency@hotmail.com
Mervin Nolot, Executive Director
Donna Busch, Director, Programs on Aging & Disabled

CICOA The Access Network

4755 Kingsway Dr., Suite 200
Indianapolis, IN 46205-1560
(317) 254-5465 or (800) 489-9550
FAX (317) 254-5494; TDD (317) 254-5497
E-Mail: detienne@cicoa.org
Duane Etienne, President, C.E.O.

Area 9 In-Home & Community Services Agency

520 South 9th St., Suite 100
Richmond, IN 47374-6230
(765) 966-1795, (765) 973-8334 or
(800) 458-9345
FAX (765) 962-1190
E-Mail: ashepher@indiana.edu
Web Site: www.ive.indiana.edu/area9
Tony Shepherd, Executive Director

Area 10 Agency on Aging

7500 W. Reeves Road
Bloomington, IN 47404
(812) 876-3383 or (800) 844-1010
FAX (812) 876-9922
E-Mail: area10@bloomington.in.us
Web Site: www.bloomington.in.us/~area10
Jewel Echelbarger, Executive Director

**Aging & Community Services of
South Central Indiana, Inc.**

1635 N. National Road, P.O. Box 904
Columbus, IN 47202-0904
(812) 372-6918; FAX (812) 372-7846
E-Mail: dcantrell@areaxi.org
Diane Cantrell, Executive Director

LifeTime Resources, Inc.

13091 Benedict Drive
Dillsboro, IN 47018
(812) 432-5215 or (800) 742-5001
FAX (812) 432-3822
E-Mail: offices@lifetime-resources.org
Sally Beckley, Executive Director

Generations

Vincennes University Community Services
P.O. Box 314
Vincennes, IN 47591
(812) 888-4292 or (800) 742-9002
TDD (812) 888-5762; FAX (812) 888-4566
E-Mail: gen@vunet.vinu.edu
Anne N. Jacoby, Assistant Vice-President

LifeSpan Resources, Inc.

P.O. Box 995, 426 Bank Street
New Albany, IN 47151-0995
(812) 948-8330; FAX (812) 948-0147
E-Mail: frankie_able@lifespanresource.org
Patricia Jewell, Executive Director

Hoosier Uplands/Area 15 Agency on Aging and Disability Services

521 West Main Street
Mitchell, IN 47446
(812) 849-4457 or (800) 333-2451
TDD (800) 743-3333; FAX (812) 849-4467
E-Mail: area15@hoosieruplands.org
Web Site: www.huedc.com
David L. Miller, Executive Director
Barbara Tarr, Director of Aging and Disability Services

**Southwestern Indiana Regional
Council on Aging, Inc.**

16 W. Virginia St., P.O. Box 3938
Evansville, IN 47737-3938
(812) 464-7800 or (800) 253-2188
FAX (812) 464-7843 or (812) 464-7811
E-Mail: swirca@swirca.org
Web Site: swirca.org
Robert J. "Steve" Patrow, Executive Director

To contact your local Area Agency toll-free, call
1-800-986-3505



**State of Indiana
Family and Social Services Administration**

402 W. WASHINGTON STREET, P.O. BOX 7083
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